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MEDICARE VALIDATION SURVEYS OF HOSPITALS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

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1979

Fiscal Year 1979

U.S. Department of
Health and Human Services
Health Care Financing Administration

The **HEALTH CARE FINANCING ADMINISTRATION (HCFA)** was established to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Professional Standards Review program and a variety of other health care quality assurance programs.

The mission of the Health Care Financing Administration is to promote the timely delivery of appropriate, quality health care to its beneficiaries—approximately 47 million of the nation's aged, disabled and poor. The Agency must also ensure that program beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that Agency policies and actions promote efficiency and quality within the total health care delivery system.

The **HEALTH STANDARDS AND QUALITY BUREAU (HSQB)** was established within HCFA to develop, interpret, implement, and evaluate the conditions and standards under which providers and suppliers of health services can participate in Medicare and Medicaid. It also has the responsibility to monitor and evaluate the process for certifying these providers and suppliers for compliance with established conditions and standards.

The Annual Report to Congress on Medicare/Medicaid Validation Surveys of Hospitals Accredited by the Joint Commission on Accreditation of Hospitals (JCAH) is required by Section 1875 (b) of the Social Security Act. Hospitals accredited by the JCAH are deemed under the law to meet the Conditions of Participation for Hospitals providing services under Medicare and Medicaid. The purpose of validation surveys is to determine the effectiveness of the JCAH accreditation process; that is, whether the Department can rely on JCAH accreditation to assure compliance with the Medicare/Medicaid requirements. This report describes the results of surveys conducted for validation and for the investigation of complaints.

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1979

ANNUAL REPORT

FISCAL YEAR 1979

Medicare Validation Surveys
Of Hospitals Accredited by
The Joint Commission on Accreditation of Hospitals

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Annual Report for Fiscal Year 1979
Medicare Validation Surveys of Hospitals
Accredited by the Joint Commission on
Accreditation of Hospitals

EXECUTIVE SUMMARY

I. Introduction

This is the fourth report issued to Congress pursuant to Section 1875 of the Social Security Act, as amended, on the validation of the accreditation process of the Joint Commission on Accreditation of Hospitals (JCAH). The purpose of the validation program is to determine the effectiveness of the JCAH accreditation process.

II. Statutory Background

Section 1865 of the Social Security Act, as amended, provides that JCAH accredited hospitals are "deemed" to meet requirements for participation in the Medicare program, with the exception of utilization review, institutional planning or any other standard the Secretary promulgates which is higher than JCAH standards. Thus, JCAH accredited hospitals are not subject to annual State agency surveys to assess compliance with the conditions of participation. Section 1864 of the Act allows the Secretary to enter into agreement with State survey agencies to survey accredited hospitals on a random sample basis to assure that they do, in fact, meet the conditions of participation which they are deemed to meet by virtue of their accreditation. In addition, a State agency may survey accredited hospitals because of an allegation of a deficiency which endangers the health and safety of patients. As noted above, the purpose of this program is to determine the effectiveness of the JCAH accreditation process; that is, whether it affords the Department with reasonable assurance that JCAH accreditation justifies continued reliance on the presumption that accredited hospitals meet the conditions of participation for Medicare.

III. Validation and Allegation Process

The Health Care Financing Administration (HCFA) selects accredited hospitals for validation surveys on a statistical sampling basis from quarterly lists of accreditation surveys which JCAH furnishes. State agencies survey these hospitals using the Medicare conditions of participation to determine if they, in fact, meet the health and safety requirements they are deemed to meet. When significant deficiencies are found as a result of a validation survey, the hospitals are placed under State agency surveillance until the deficiencies are corrected. In other words, when the State agency finds that an accredited hospital has a significant deficiency, the hospital is no longer deemed to meet the Medicare conditions of participation. Instead, the State agency monitors the correction of any deficiency as if the hospital were nonaccredited.

Accredited hospitals are also subject to State agency surveys when a complaint is made alleging that significant deficiencies exist, threatening the health and safety of patients. Surveys made in response to a complaint cover only the conditions related to the complaint. If a significant deficiency is found in this partial survey, then a full survey is performed. As with the validation surveys, if the State agency discovers any significant deficiencies, the hospital continues to be subject to State agency surveillance (like a nonaccredited hospital) until the deficiencies are corrected.

IV. Significant Findings of Report Period (FY 1979)

During FY 1979, State agencies conducted 76 validation surveys, with 37 hospitals (49%) being placed under State agency surveillance.

Significant deficiencies were most often cited in the Life Safety Code area, followed by Nursing, Physical Environment, Laboratory, and Medical Staff.

Detailed comparisons of survey findings showed that, even where HCFA and JCAH had similar requirements on the survey report form, both survey teams cited the same deficiencies only 10-14 percent of the time. For conditions of participation other than laboratory and Life Safety Code requirements, JCAH cited a larger number of deficiencies.

This can be attributed largely to the difference in detail in the survey report forms. In many areas, the JCAH form is far more detailed than the HCFA form. HCFA cited many more deficiencies than JCAH concerning the Life Safety Code area, especially in construction-related items. This can be attributed to the fact that HCFA surveyors are more extensively trained in the Life Safety Code than are JCAH surveyors. In surveying laboratory requirements, the differences in citations were primarily related to dissimilarities in the format and details of the survey report forms.

As a result of complaint allegations, 21 (17%) of 125 hospitals investigated were placed under State agency surveillance. Deficiencies were most often found in the same areas as in validation surveys.

In all, from both validation and complaint programs, 58 accredited hospitals (29% of all accredited hospitals surveyed) were placed under State agency surveillance in FY 1979. During this period, State monitoring was ceased for 54 accredited hospitals which had corrected the deficiencies which had caused them to be placed under State agency surveillance. Considering both the hospitals remaining under State agency surveillance from previous years and the hospitals placed under State agency surveillance during FY 1979, a total of 190 accredited hospitals remained under State monitoring on September 30, 1979.

HCFA and JCAH reached agreement in May 1980 on changes in procedures for monitoring the correction of deficiencies. These changes are reflected in proposed amendments to validation survey regulations which were published on April 27, 1979 (44 FR 25186). When these rules are adopted in their final form and new procedures are implemented, we expect a drastic reduction in the number of accredited hospitals which are under State monitoring for correction of deficiencies.

V. Trends

This report period shows a decrease in the percentage of validated facilities with conditions out of compliance. Life Safety Code deficiencies continue to be the major reason for placing hospitals under State agency surveillance, but the incidence declined greatly in FY 1979. Complaint investigations showed a similar decrease in the percentage of facilities with conditions out of compliance and a corresponding decline in Life Safety Code deficiencies. Considering both validation and complaint programs together, only 29 percent of all hospitals surveyed were placed under State agency surveillance, as compared with about 50 percent in prior report periods. Despite this, nearly half of the validated hospitals were placed under State agency surveillance.

VI. Procedural Variations Between HCFA and JCAH

HCFA'S comparative analysis indicated that, although the two programs are essentially equivalent, there is a great variance in survey findings between State agency and JCAH surveyors. The variances, which are primarily related to differences in methodologies for assessing compliance, are due to a combination of causes such as:

- Each organization has some requirements the other does not have.
- The JCAH places greater emphasis on administrative and organizational factors than the Department.
- The JCAH survey form is more detailed than HCFA's.
- The composition of survey teams is different between the organizations.
- JCAH accepts accreditation of a laboratory by the College of American Pathologists in lieu of its own survey.
- JCAH uses standard terminology while State agencies do not.
- Validation surveys were conducted as much as 60 days after the JCAH survey, sometimes allowing conditions to change in the hospital, such as correction of deficiencies cited by JCAH. Fortunately, new deficiencies occurring in this period are usually easily corrected.

VII. Actions Undertaken to Improve Effectiveness of Validation Program

HCFA has initiated the following actions:

- Proposed new validation regulations which will increase communication and cooperative monitoring of deficient facilities, and will also deem accredited hospitals to meet HCFA's institutional planning requirements.

- Proposed revised conditions of participation as Notice of Proposed Rulemaking. This will result, when final, in a closer alignment of accreditation and certification requirements.

- Increased comparison and exchange of survey findings with JCAH.

- Developed a proposal for the adoption of the Fire Safety Evaluation System of the National Bureau of Standards for use in surveying facilities. This should further reduce the number of hospitals found out of compliance with the Life Safety Code.

- Improved surveyor training programs to reduce differences between State agencies and improve consistency between surveyors.

VIII. Conclusions

- The survey and validation system is working well.

- JCAH Life Safety Code surveyors should receive additional training, especially in construction-related areas.

Annual Report for Fiscal Year 1979 -
Medicare Validation Surveys of Hospitals
Accredited by the Joint Commission on
Accreditation of Hospitals

I. Introduction

This report explains the results of the validation of hospitals participating in the Medicare program by virtue of their meeting accreditation standards of the Joint Commission on Accreditation of Hospitals (JCAH). Hospitals comply with JCAH standards on a voluntary basis in order to receive JCAH accreditation. The purpose of the validation effort is to determine the effectiveness of the JCAH accreditation process; that is, whether the Department can rely on JCAH accreditation to determine if hospitals comply with the conditions of participation for Medicare.

The 1972 Amendments to Section 1875 of the Social Security Act require the Secretary of Health, Education and Welfare to make a continuing evaluation of the validation of the JCAH accreditation process and submit an annual report to the Congress which reflects findings of the validation effort. Under agreement with the Secretary, State agencies survey hospitals accredited by JCAH on a selective sample basis. This report covers surveys performed in the period from October 1, 1978 through September 30, 1979.

II. Statutory Background

Section 1865 of Title XVIII of the Social Security Act provides that hospitals accredited by JCAH shall be deemed to meet the requirements for participation in the Medicare program with the exception of utilization review, institutional planning 1/, and any standard promulgated by the Secretary of Health, Education, and Welfare under Section 1861(e)(9) of the Act which is higher than the accreditation requirements of JCAH. These provisions eliminate the need for periodic surveys by State agencies to determine whether JCAH accredited hospitals comply with most of the requirements of Section 1861(e) and implementing regulations.

1/ We have proposed, in a Notice of Proposed Rule Making (NPRM) published at 44 Federal Register 25186, April 27, 1979, to grant JCAH deemed status for institutional planning. A similar proposal has also been made for utilization review in an NPRM published at 45 Federal Register 13940, March 3, 1980, and at 45 Federal Register 29534, May 2, 1980.

In accordance with regulations (42 CFR 440.10(c)), a hospital must meet the requirements of Medicare in order for it to participate in the Medicaid program. JCAH accredited hospitals are considered to meet this requirement by virtue of their deemed status in the Medicare program.

The Social Security Amendments of 1972 (Public Law 92-603) 2/ authorized the Secretary to enter into agreements with the State to survey hospitals accredited by JCAH on a random sample basis (Attachment I). Surveys of accredited hospitals may also be performed where the Secretary finds it is appropriate because of substantial allegations of the existence of a significant deficiency which, if present, would adversely affect the health and safety of patients.

If a hospital is surveyed for either of these reasons, it is required by statute to authorize JCAH to release a copy of the most current accreditation survey made by JCAH. For purposes of validation and to establish a basis for comparison of JCAH and HCFA survey findings, we have requested and received copies of the recommendation letters which report the JCAH accreditation survey findings. These recommendation letters contain detailed, itemized accounts of recommended practices which the JCAH Accreditation Committee considers that the subject hospital should establish, based on the information in the forms submitted by the accreditation survey team. The recommendation letters are thus very similar to the statements of deficiencies which State agency survey teams provide to hospitals as a result of surveys.

2/ We wish to point out the need for the Congress to enact a technical amendment to Section 1865 of the Social Security Act to perfect the amendments contained in Sections 234(h) and 244(b) of P.L. 92-603. Section 234(h) amended the provisions on JCAH accreditation in Section 1865 to indicate that JCAH-accredited hospitals would not be deemed to meet the new institutional planning requirement (just as they are not deemed to meet the utilization review requirement) unless and until the Secretary finds that JCAH has adopted its own institutional planning requirement 'which serves substantially the same purpose.' However, Section 244(b) made further amendments to the provisions in Section 1865 which did not comform to the amendments concerning institutional planning made by Section 234(h). Another defect of Section 244(b) is the phrase it enacted that a hospital shall "be deemed not to meet" the conditions of participation. Instead, this phrase should read that a hospital shall "not be deemed to meet" the conditions of participation, in order to allow continued participation on the same basis as an unaccredited hospital, provided an acceptable plan of correction is submitted.

III. Validation and Allegation Process

A. Survey Process

The Department's procedures for conducting validation sample surveys were issued to State agencies in 1973. The instructions emphasized the need to schedule and conduct promptly the validation surveys, and to adhere strictly to survey guidelines and procedures. The selected hospitals are surveyed using the Medicare conditions of participation for hospitals 3/ to determine if they, in fact, meet the health and safety requirements that they are presumed to meet based on their accreditation. The State agencies are requested to make every effort to schedule their survey within 60 days of the JCAH accreditation survey and a form is sent to the hospital requesting authorization for the release to the Secretary of the accreditation survey findings.

The State agency instructions provide that the survey be conducted on successive days in an objective manner without reference to accreditation findings. (The validation team is not furnished a copy of the accreditation report and is told not to inquire about any accreditation survey findings.) As with any survey, all negative findings are to be fully documented. The same mix of State agency survey personnel is used as in the survey of a nonaccredited hospital in order to preclude a possible criticism of bias against JCAH accredited hospitals. The only differences between the validation survey and State

3/ 42 CFR Part 405, Subpart J.

agency surveys of nonaccredited hospitals are: 1) the presence of a Federal representative as a coordinator on the survey team; 2) the omission of the portions of the survey relating to utilization review and institutional planning (routinely surveyed for all accredited hospitals); and 3) the requirement that the hospital must submit a plan of correction only if deficiencies are found which are of a nature to cause one or more conditions of participation to be out of compliance.

If an institution is found in the course of a complaint or validation survey to have significant deficiencies, it is no longer deemed to meet the conditions of participation and becomes subject to State agency surveillance under the same procedures as applied to nonaccredited hospitals. During this surveillance period, State agency surveyors work directly with the accredited hospital to assist in the correction of its deficiencies. The hospital continues to be a participating provider of services eligible for reimbursement. Similarly, the hospital continues its JCAH accreditation. When the Health Care Financing Administration (HCFA) determines that the hospital no longer has significant deficiencies, State agency monitoring of the institution is discontinued, and the hospital is again deemed to meet the conditions of participation by virtue of its accreditation.

HCFA monitors State agency survey performance for both accredited and nonaccredited hospitals to ensure conformance with applicable regulations, policies, and procedures. For accredited hospitals, a Federal representative accompanies the State agency team on validation surveys to assure national consistency in the application of guidelines and procedures. For nonaccredited hospitals, Federal teams perform surveys of a limited number of hospitals to validate State agency findings. This effort parallels the validation of accredited hospitals by State agencies, in that the purpose of the Federal validation of State agency surveyed hospitals is to determine the effectiveness of the State agency survey process.

B. Comparison of Survey Teams and Practices

Composition of the State agency teams varies. A majority of the States use a multidisciplinary team with representation generally from dietary, medical records, professional nursing, hospital administration

and laboratory science specialties. Some States have physicians who act as consultants to other members of the team. A few of the smaller States use generalist survey personnel only, with specialist staff available for consultation. All States use fire safety professionals (e.g., construction engineers, fire marshals, etc.) to determine the extent of compliance with provisions of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).

The JCAH survey team is generally composed of a physician, a hospital administrator trained in the evaluation of the LSC requirements, a nurse, and a laboratorian. The laboratorian may not be present, as JCAH accepts accreditation of a laboratory by the College of American Pathologists (CAP) in lieu of its own survey in about 25 percent of the hospitals.

JCAH requirements are at least equivalent to those of HCFA. However, there are some differences in specific requirements. There are also differences in the format of standards and the survey report forms used to assess compliance with standards. The JCAH's survey report form is far more detailed than HCFA's. Despite the numerous minor differences in program administration and the details of implementation, both survey programs are essentially similar.

C. Selection Basis

Of the approximately 6,800 hospitals participating in the Medicare program, approximately 5,200 are accredited by JCAH. JCAH furnishes the Department a listing of accreditation surveys it plans to conduct on a quarterly basis. HCFA stratifies the listings by bed size, geographical region, and length of JCAH accreditation, i.e., one or two years. The hospitals selected for the sample are all short term, general hospitals.

When the Department receives an allegation that a deficiency exists in an accredited hospital, that hospital may be subjected to a survey to investigate the complaint. During complaint investigations, the State agency surveys only those conditions directly related to the complaint. If HCFA determines as a result of this partial survey that one or more of the selected conditions are not met, the hospital is placed under State agency surveillance. In these situations, the State agency returns to the hospital and conducts a full survey to assess compliance with all conditions of participation.

D. Evaluation Methodology

As noted above, under current procedures an accredited hospital is placed under State agency surveillance, if, after a sample validation or substantial allegation survey, the hospital is found to be out of compliance with one or more conditions of participation. (Proposed changes for determining when a hospital should be placed under State agency surveillance are discussed in Part VII.) A hospital must submit a plan to correct its deficiencies within a reasonable time frame. The State survey agency uses this plan to monitor the timeliness with which corrections are made.

State agency survey findings were analyzed in terms of numbers of hospitals placed under State agency surveillance, numbers and types of conditions found out of compliance, and the duration of JCAH accreditation. (The maximum period of JCAH accreditation is two years. A hospital found to be in substantial compliance with their standards although manifesting certain shortcomings would receive a one year accreditation. A hospital which fails to achieve substantial overall compliance would lose its accreditation.)

This report also contains an analysis of the correlation of validation and accreditation survey findings. An initial analysis was performed which involved a detailed comparison of program requirements based on a comparison of JCAH and HCFA survey report forms, in which the elements of each organization's form were coded, and, to the extent that corresponding elements existed, cross-referenced. Due to the variances in format and terminology on each form, the elements were further grouped into categories of

staffing, performance, environment, administration, and records. 4/

This categorization of report form requirements facilitated the comparative analysis of actual survey findings. For this purpose we used the JCAH letters of recommendation and the HCFA statements of deficiencies (HCFA Form 2567), which are derived from survey team reports. For each hospital, the deficiency citations from these two sources were coded, categorized, and compared using the cross-reference system.

4/ Except for the Life Safety Code, where requirements are nearly identical.

IV. Significant Findings of Report Period (FY 79)

A. Validation Survey Findings

From October 1, 1978 through September 30, 1979 State agencies conducted 76 validation surveys (Attachment II). As a result, 37 hospitals (49%) were determined to have deficiencies of sufficient severity to place them under State agency surveillance. The principle reason for placing hospitals under State agency surveillance was their failure to meet the LSC provisions. Specifically, 33 hospitals were not in compliance with the LSC; 4 were in compliance with the LSC but failed to meet one or more of the other conditions of participation. Of the 33 hospitals which were not in compliance with the LSC, 19 met all other conditions, and 14 failed to meet at least one other condition.

In the 18 hospitals that had other than LSC deficiencies, the conditions most frequently not met were those pertaining to Nursing (8 hospitals), Physical Environment (6 hospitals), Laboratory (6 hospitals), and Medical Staff (5 hospitals). These findings are similar to findings of previous report periods, as reflected in Attachment III.

A correlation exists between JCAH decisions to grant 1 or 2 year accreditations and HCFA's determinations of compliance with the conditions of participation (Attachment IV). As previously noted, less than 2 year accreditations are given to hospitals which do not fully meet the JCAH requirements. Our analysis shows that for this report period, a high percentage of hospitals (90% of 39) found in compliance with all Medicare conditions of participation were granted 2 year accreditations. A lower percentage of hospitals (73% of 37) found out of compliance with one or more conditions were also granted 2 year accreditations. However, this latter percentage was largely due to Life Safety Code deficiencies. When LSC is discounted, the congruence between accreditation and validation survey determinations provides a good basic measure of the equivalency of the two processes.

This report contains a comparison of the results of the two survey processes. This comparison was based on an analysis of individual JCAH and HCFA deficiency citations. As previously noted, strict comparability

of these findings is limited because of differences in format of standards and the degree of specificity required for determinations of compliance.

1. Conditions of Participation Other Than Laboratory and LSC Requirements

For the health and safety requirements other than laboratory and LSC requirements, a comparison of individual JCAH and HCFA deficiencies cited for 66 of the 76 hospitals 5/ surveyed revealed considerable variance in the numbers and types of deficiencies cited by the two organizations. (The results are given in detail in Attachment V.) A comparison of deficiencies for LSC and laboratory requirements also showed this variance. Wherever HCFA and JCAH had similar or identical requirements, only 10 to 14 percent of the deficiencies identified were cited by both organizations.6/

5/ A separate analysis will be performed for the ten hospitals not covered in this analysis when the data are available.

6/ This finding is very similar to that of a separate comparison, performed by the General Accounting Office (GAO), published in a report entitled "The Medicare Hospital Certification System Needs Reform" (HRD-79-37; May 14, 1979). This report included background information on the validation program, but GAO confined its recommendations to the certification process and State agency survey activities and did not make any specific recommendations to change or improve the validation effort.

For requirements other than laboratory and LSC requirements:

- o JCAH placed greater emphasis on administrative requirements;
- o JCAH cited a higher average number of separate deficiencies per facility;
- o HCFA cited a higher average number of deficiencies for Nursing, Medical Records, and Physical Environment; and
- o JCAH cited a higher average number of deficiencies for Medical Staff.

2. Life Safety Code Deficiencies

Both JCAH and HCFA require that hospitals comply with the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). HCFA uses the 1967 edition of the LSC, and JCAH uses the 1973 edition. These editions are nearly identical. Therefore, each organization's survey teams apply virtually identical standards. As with the general requirements, however, a comparison of deficiency citations for 66 facilities revealed considerable variance in the number and types of deficiencies cited. (The results are given in detail in Attachment VI.)

Both JCAH and HCFA cited numerous LSC deficiencies. However, HCFA cited many more specific deficiencies in 18 areas, while JCAH cited significantly more than HCFA in only three: Central Electrical Systems, Anesthetizing Locations, and Fire Drills. In particular, HCFA found more deficiencies in those areas of critical fire safety requiring knowledge of construction. The major reason for different citations appears to be surveyor training and experience.

3. Laboratory Deficiencies

Of the 76 validated hospitals, HCFA performed a comparative analysis of the survey findings for 49 laboratories. Of the remaining 27, HCFA found no deficiencies in the Laboratory condition in 5 and sufficient data were unavailable for 22. Data were unavailable for 11 hospital laboratories at the time of the analysis for this report because of delays in data collection. The other 11 laboratories were all accredited by the College of American Pathologists (CAP). As JCAH accepts participation in the CAP inspection and accreditation program in lieu of its own surveys, we did not initially receive comparable survey findings for these laboratories. We have now arranged to get survey findings from CAP for these hospitals. When our data are complete, we will perform comparative analyses on all 22 hospitals which were not included in this report.

The comparison does not appear to reflect any particular surveyor trends in assessing laboratory requirements. The analysis indicates that about 10 percent of all deficiencies cited were found by both JCAH and State agency surveyors. The JCAH surveyors found more deficiencies in lab safety, lab management, and staffing (including training requirements and documentation of qualifications and work assignments). These are areas where JCAH voluntary requirements are higher and/or more specific than HCFA's. The State agency surveyors, in turn, found more total deficiencies in the quality control area. JCAH surveyors found slightly more deficiencies per facility in general quality control requirements, while State agency surveyors found more in the specialty areas. These differences are discussed in more detail in Attachment VII.

B. Complaint Investigation Findings

The legislation which authorizes the sample validation surveys of JCAH hospitals also provides for the investigation of JCAH accredited hospitals when the Secretary finds that an investigation is appropriate due to substantial allegations of the existence of a

significant deficiency or deficiencies which would, if present, adversely affect the health and safety of patients.7/

Between October 1, 1978 and September 30, 1979 there were 125 complaint investigations completed. Of the hospitals investigated, 104 (83 %) were found in compliance with HCFA requirements, and 21 (17 %) were determined to have deficiencies of sufficient severity to place them under State agency surveillance (Attachment VIII). Since a full survey is performed only in those hospitals where a complaint investigation revealed that one or more of the surveyed conditions are not met, State agencies conducted full surveys in only 21 hospitals.

7/ Section 1864(c) of Title XVIII of the Social Security Act.

As with the sample validation surveys, the significant deficiencies most frequently identified on complaint investigations involved LSC and Nursing (Attachment IX).

C. Correction of Deficiencies by Hospitals

When an accredited hospital is placed under State agency surveillance, it continues in that status and is surveyed as are nonaccredited hospitals, until its planned corrections of noted deficiencies are completed. At the beginning of this report period, there were 189 accredited hospitals under State agency surveillance (146 based on validation surveys and 42 based on complaint investigations). During this period 54 hospitals corrected their deficiencies and State surveillance ceased and 2 hospitals became nonaccredited. 8/ Refer to Attachments X and XI.

Also during 1979, 58 additional hospitals were placed under State agency surveillance. This resulted in a total of 190 accredited hospitals under State agency surveillance by the end of September 1979 (139 based on validation surveys and 51 based on complaint investigations). Refer to Attachments XII and XIII.

Proposed amendments to the validation survey regulations (44 Federal Register 25186; April 27, 1979) included provisions changing the procedures for monitoring and correction of deficiencies found in accredited hospitals. Based on these proposals and ensuing comment, HCFA and JCAH reached agreement, concluded in May 1980, on means for coordinating exchange of information and reducing duplication of monitoring of an institution's correction efforts.

8/ One hospital lost accreditation and the other voluntarily withdrew from the JCAH program.

This agreement will be reflected as a final rule, to be promulgated sometime in 1980. When the new procedures are implemented, we expect that there will be a drastic reduction in the number of accredited hospitals which are under State monitoring for correction of deficiencies.

V. Trends

A. General Trend

This report shows a decrease in the percentage of facilities with one or more conditions out of compliance as a result of a validation survey. Of the 76 hospitals validated, 49 percent were not in compliance with one or more conditions of participation as compared with 71 percent in the third report period, 63 percent in the second report period, and 65 percent in the first report period (Attachment IV).

B. Areas of Frequent Noncompliance

As with earlier reports, Life Safety Code deficiencies constituted the major basis for placing hospitals under State agency surveillance. Of the 76 hospitals surveyed, 43 percent were found to be out of compliance with the LSC provisions as compared to 62 percent in the first and third report periods and 58 percent in the second report period. Besides LSC, Nursing was the only condition cited frequently in all report periods. (Attachment III.)

C. Complaints

Complaint investigations show a decrease in the percentage of facilities (17 %) with one or more conditions out of compliance (Attachment XIV). Of the 125 hospitals surveyed, 17 percent were not in compliance with one or more conditions as compared with 25 percent and 37 percent in the second and third report periods, respectively. The major area of difference in findings occurred in the LSC factors. There was a significant decreasé in the percentage of hospitals placed under State agency surveillance as a result of LSC deficiencies (79% in the second period, 46% in the third period, and 19% in this period.)

VI. Procedural Variations Between HCFA and JCAH

The current report period shows a decrease from prior periods in the percentage of hospitals which did not meet one or more conditions of participation. Nevertheless, almost one-half of the hospitals surveyed this period were placed under State agency surveillance because of conditions out of compliance. Also, the comparative analysis of the deficiency citations of HCFA and JCAH shows considerable variance in findings by each organization's surveyors, even where requirements are similar. Factors which contribute to this variance are:

- Each organization has some requirements the other does not have. This is partly due to the fact that the Medicare conditions of participation for hospitals have not been fundamentally revised since their promulgation in 1965, while the JCAH has regularly revised its requirements.

- The JCAH survey process places more emphasis on administrative and organizational factors than that of the Department.

- The JCAH survey report form is far more detailed and extensive than HCFA's form. In areas covering generally the same subject matter, the JCAH survey form may contain three or more specific survey items as compared to only one general item on HCFA's form.

- The composition of the JCAH survey team is consistent, while the composition of the State agency survey teams varies greatly. The JCAH team always consists of a physician, a hospital administrator, a nurse, and a laboratorian. The State agency teams may consist of generalists and/or specialists in areas such as administration, nursing, dietary, radiology, or medical records.

- Regarding Life Safety Code requirements, the training and background of the JCAH surveyors is vastly different from that of the typical State agency surveyors. The State agency usually uses a State Fire Authority Surveyor (fire marshall, fire inspector, etc.) or an employee of the State Health Department who may be an architect, engineer, or sanitarian. The JCAH on-site survey for LSC is performed by a hospital administrator trained in the LSC.

- o JCAH accepts accreditation of a laboratory by CAP in lieu of its own survey in about 25 percent of the hospitals. (By statute, CAP accreditation is also recognized for CLIA laboratories.)

- o Considerable variance exists in the terminology JCAH and HCFA surveyors use to record survey findings. While JCAH utilizes a standard set of terms for deficiency citations, HCFA does not.

- o A time span of as much as 60 days occurs between accreditation and validation surveys, during which time conditions resulting in deficiency citations can change. Many hospitals are able to correct deficiencies cited by JCAH prior to the State agency survey. Further, new deficiencies may occur, although it should be noted that those areas which are subject to such rapid change are also usually easily corrected.

- o Currently there is no discussion of results of surveys between JCAH and HCFA to resolve any differences in findings.

VII. Actions Undertaken to Improve Effectiveness of Validation Program

The extensive differences between the validation and accreditation survey requirements were discussed above. The small number of hospitals determined to be out of compliance with non-LSC conditions of participation indicates that the great majority of accredited hospitals meet the conditons of participation. The reduction in the percentage of validated hospitals found out of compliance with LSC requirements indicates that the validation program is having a positive effect.

Measures which should improve coordination and exchange of information between programs, and eliminate duplication in the monitoring of the correction of deficiencies are:

- HCFA has proposed new validation regulations which will provide for timely discussion with JCAH before HCFA decides whether a validated hospital has deficiencies sufficiently significant to warrant State agency surveillance.(44 Federal Register 25185, April 27, 1979.) This regulation will also deem accredited hospitals to meet HCFA's institutional planning requirements. These were discussed with JCAH in May 1980, and agreements were reached on changes in monitoring correction of deficiencies which are expected to result in drastic reduction in the number of accredited hospitals under State agency surveillance by the end of FY 1980.

  Under the proposed procedures, if a JCAH hospital is found during a validation survey to be out of compliance wth one or more HCFA conditions of participation, there will be a timely discussion with JCAH to determine if they agree with the State agency findings. If agreement is reached on the type and extent of deficiencies, and JCAH agrees to monitor the corrections as specified in a plan and to submit periodic status reports on corrections, then the hospital will be subject only to JCAH monitoring. In situations where one of these three requirements is not met, the hospital will be considered to have a "significant deficiency" and will be placed under State agency surveillance. This position is in keeping with the intent of Congress not to duplicate the accreditation process. We also expect this procedure to lead to greater compatibility between the survey activities of both organizations.

- HCFA is proposing revised Medicare conditions of participation which would result in a closer alignment of accreditation and certification requirements. The revision was published as a Notice of Proposed Rulemaking on June 20, 1980. (45 Federal Register 41794; June 20, 1980.)

- The Department has proposed to adopt the Fire Safety Evaluation System (FSES) developed by the National Bureau of Standards for assessing hospital compliance with the LSC. (44 Federal Register 37817, June 28, 1979.) The FSES (Attachment XV) is a system for assessing compliance with the LSC which allows a facility to employ alternative measures for meeting LSC requirements while still ensuring a equal degree of fire safety.

  JCAH has agreed to use the FSES when requested by its member facilities. JCAH has also sent several of its surveyors to HCFA sponsored FSES training courses. The JCAH's acceptance of the FSES, as well as its participation in our surveyor training programs, should not only help lower the cost of health care by eliminating unnecessary corrections, but should promote more uniform application of Life Safety Code standards. In addition, JCAH can call upon Federal and State agency surveyors who are trained in LSC, if technical assistance is needed.

- HCFA has developed and conducts on an ongoing basis an improved basic surveyor training course. Since September 1978, 12 such courses have been conducted, training a total of 513 State agency surveyors.

  In addition to the basic health facility surveyor traning course, a two week basic laboratory surveyor training course has been established in conjunction with the Center for Disease Control, Public Health Service. Six of these courses have been conducted since August 1978 resulting in 159 laboratory surveyors receiving instruction.

VIII. Conclusions

Accredited hospitals have few problems meeting HCFA standards other than LSC. Indeed, in many areas accredited hospitals exceed HCFA's requirements. In regard to surveying the LSC, it is apparent that JCAH has instituted steps to substantially strengthen their capabilities as to both evaluation and enforcement of the LSC requirements. Findings relating to compliance with the LSC on validation surveys for the current report period show a decrease in the number of validated hospitals found out of compliance with the LSC to 43 percent. In prior report periods the number of hospitals found out of compliance with the LSC ranged from 58 percent to 62 percent.

JCAH surveyors should receive additional training in the Life Safety Code. Although there is a significant decrease in the number of hospitals found not in compliance with the LSC, the validation surveys point out a need for additional training of JCAH Life Safety Code surveyors, particularly in construction related areas such as vertical shafts, stairway enclosures, and ventilating and air conditioning systems. These are all structural items which, if not in compliance with the LSC, could contribute to the spread of smoke and toxic gases throughout the hospital in a fire.

Overall, during this report period there has been a decrease to 49 percent in the number of validated hospitals found out of compliance with any condition. In prior report periods this number ranged from 63 percent to 71 percent. We believe these facts reflect a general strengthening of the JCAH enforcement capabilities, based on the stimuli of the validation program. The total percentage of hospitals placed under State agency surveillance as a result of both validation and complaint investigation surveys decreased to 29 percent. In prior report periods this ranged from 45 percent to 55 percent.

In addition, the validation program is a check and a healthy stimulus for both JCAH and the State agencies. Without the basis for exchange and comparison of results, both programs could suffer. As long as the standards and program management of both agencies continue to develop and improve, the objectives and intent of both organizations will be furthered in a way beneficial to the public interest.

ATTACHMENTS

I. Office of Policy, Planning, and Research Specifications for Selection of Accredited Hospitals

II. Sample Validation Surveys
Comparison of JCAH Accreditation and HCFA Certification Decisions

III. Sample Validation Surveys
Frequency of Unmet Medicare Conditions in Hospitals Placed Under State Surveillance

IV. Sample Validation Surveys
HCFA Certification-JCAH Accreditation Decisions by Survey Period

V. Sample Validation Surveys
Comparative Analysis of HCFA and JCAH Survey Findings
General Health and Safety Requirements

VI. Sample Validation Surveys
Comparative Analysis of HCFA and JCAH Survey Findings
Life Safety Code Deficiency Citations

VII. Sample Validation Surveys
Comparative Analysis of HCFA and JCAH Survey Findings
Laboratory Deficiency Citations

VIII. Complaint Investigation Surveys
Hospitals Placed Under State Agency Surveillance

IX. Complaint Investigation Surveys
Frequency of Unmet Medicare Conditions in Hospitals Placed Under State Surveillance

X. Sample Validation Surveys
Accredited Hospitals Returned to JCAH Jurisdiction

XI. Complaint Investigation Surveys
Accredited Hospitals Returned to JCAH Jurisdiction

XII. Sample Validation Surveys
JCAH Accredited Hospitals Currently Under State Agency Surveillance

XIII. Complaint Investigation Surveys
JCAH Accredited Hospitals Currently Under State Agency Surveillance

XIV. Complaint Investigation Surveys
HCFA Certification-JCAH Accreditation Decisions by Survey Period

XV. Fire Safety Evaluation System

ATTACHMENT I

Office of Policy, Planning and Research Specifications
for Selection of Accredited Hospitals

1. Introduction

Section 1864(c) of Title XVIII of the Social Security Act provides for the survey by State certification agencies, on a selective sample basis, hospitals accredited by the JCAH (in addition to surveys in cases where substantial allegations of noncompliance have been made). The objective of this section is to assure that the use of the JCAH accreditation decision for a hospital is an effective measure of that hospital's compliance with the Medicare/Medicaid Conditions of Participation.

To achieve this objective, the validation survey focuses on a comparison of methods, comprehensiveness, and final determinations of the JCAH accreditation process with the State certification agency's findings with respect to meeting the standards established for provider certification under the Medicare program. In particular, the State agency surveys conducted on sample hospitals will provide findings which will either confirm or not confirm the JCAH results. In addition, comparisons in the various subject areas of the two processes can be made.

Validation will be conducted by regularly constituted State survey teams within a period of 60 days following the JCAH survey.

State agencies will follow the procedures set forth by the Health Care Financing Administration with survey teams regularly employed in carrying out surveys on non-accredited hospitals. JCAH procedures will be based on their regular evaluative techniques and procedures.

The overall design for this study is to provide for the use of a probability sample that will allow study findings to be inferred to a universe of hospitals, with estimated limits of sampling error.

II. The Universe

The universe for selection was comprised of all JCAH accredited short-stay hospitals participating in the program, during the period covered by this report, subject to certain exclusions which are discussed below. For the most part, these exclusions constitute institutions which during the study period are for the first time surveyed by the Joint Commission and which therefore are not in "deemed" status.

III. The Frames

In order to provide that State surveys are conducted proximate in time to the JCAH survey, the frames from which samples are to be drawn will consist of the quarterly JCAH itinerary listings released over the study period. These listings effectively constitute the schedule for JCAH surveys on a quarterly basis.

It should be pointed out that the Joint Commission provides a full 2-year accreditation for hospitals meeting its requirements in full, and a single year accreditation for hospitals with substantive, but remediable, deficiencies. The frame listings will include both categories. The double exposure for the 1-year certification is regarded as appropriate to the study and provision is made their systematic inclusion.

IV. Stratification and Controlled Selection

Because the sampling frame will comprise quarterly itinerary listings, one dimension of stratification is necessarily a sequence of four

quarterly strata. However, within each quarterly listing there are introduced further levels of stratification designed to improve the precision of final estimates, such as bed size strata, geographical regions, and certification period (prior 2-year or 1-year accreditation). Further controls on the selection process are introduced to accomplish the above purpose but also to insure that sample selections are distributed among the States so that State agency validation teams are not overloaded as a result of the chance selection process.

V. Sample Size and Rates

Sample size determination is based on the capability of administrative resources to accomplish the validation surveys and to provide sufficient precision in the final estimates to secure general agreement on the reliability of the findings. Since the frame becomes available piecemeal, and the population of survey determinations is not static, the exact specification of sampling rates in advance is not feasible. In general, however, the target sample size is estimated to be about 5% of the accredited hospitals.

VI. Establishment of Sampling Frames

Although the "deemed" status provided by JCAH accreditation is applicable to all types of hospitals, the validation survey process currently covers only short-stay, non-Federal hospitals. For this and other reasons, itinerary listings are modified by certain exclusions. The following categories of hospitals are consequently excluded:

1. Federal hospitals
2. Hospitals not in the conterminous 48 States and the District of Columbia (Alaska and Hawaii were excluded due to excessive travel and staff time by Federal representatives)
3. Other than short-stay general hospitals
4. Other than fully participating hospitals
5. Hospitals for which the contracting State agencies would perform two or more surveys. These multiple facilities are the result of Health Care Financing Administration reimbursement regulations which split certain facilities for separate reimbursement calculations.

   Since the JCAH provides a single survey for such entities the multiple State agency surveys would be partly out of scope of the JCAH process.
6. Prison, school, maternity, children's, and rehabilitation hospitals
7. Hospitals scheduled for initial survey by JCAH
8. Hospitals selected for the validation survey in any previous period

ATTACHMENT II

SAMPLE VALIDATION SURVEYS
JCAH ACCREDITATION AND HCFA CERTIFICATION DECISIONS
76 Hospitals
October 1, 1978-September 30, 1979

Hospital	JCAH Accreditation Survey Decision	HCFA Certification Decision	Medicare Condition Not Met
Boston Region			
Mercy Hospital Portland, Maine	2-year accreditation	not met *	LSC, Physical Environment
Glover Memorial Hospital Needham, Massachusetts	2-year accreditation	not met	LSC
Rockingham Memorial Bellows Falls, Vermont	2-year accreditation	not met	E.R., Physical Environment
New York Region			
Morris Hall Health Rehab. Hospital Lawrenceville, New Jersey	2-year accreditation	met **	—
Valley Hospital Ridgewood, New Jersey	2-year accreditation	met	—
Warren Hospital Phillipsburg, New Jersey	2-year accreditation	met	—
Philadelphia Region			
Physician Memorial Hospital La Plata, Maryland	2-year accreditation	met	—
Braddock General Hospital Braddock, Pennsylvania	2-year accreditation	not met	LSC
Brookville Hospital Brookville, Pennsylvania	1-year accreditation	not met	LSC
Connellsville State General Hospital Connellsville, Pennsylvania	1-year accreditation	not met	LSC, Physical Environment
Delaware County Memorial Hospital Drexel Hill, Pennsylvania	2-year accreditation	not met	LSC

* "Not met" indicates that the hospital was found to be out of compliance with one or more conditions of participation.

** "Met" indicates that the hospital was found to meet all conditions of participation.

ATTACHMENT II

Hospital	JCAH Accreditation Survey Decision	HCFA Certification Decision	Medicare Condition Not Met
Philadelphia Region (cont.)			
Montgomery County Hospital Blacksburg, Virginia	2-year accreditation	not met	LSC
St. Mary's Hospital Huntington, West Virginia	1-year accreditation	not met	LSC
Atlanta Region			
Boaz-Albertville Hospital Boaz, Alabama	2-year accreditation	not met	LSC, Labs
Druid City Hospital Tuscaloosa, Alabama	2-year accreditation	met	—
Lawrence County Hospital Moulton, Alabama	2-year accreditation	not met	LSC, Nursing Emergency Services
Univ. of South Alabama Mobile, Alabama	1-year accreditation	not met	LSC, Medical Staff
Bennett Community Hospital Plantation, Florida	2-year accreditation	met	—
Doctors Hospital Coral Gables, Florida	2-year accreditation	met	—
Everglades Memorial Hosp. Pahokee, Florida	2-year accreditation	not met	LSC, Nursing
Fish Memorial Hospital DeLand, Florida	2-year accreditation	met	—
Medical Center Punta Gorda, Florida	2-year accreditation	not met	Labs
Douglas General Hospital Douglas, Georgia	2-year accreditation	met	—
Hughes Spalding Pavillion Atlanta, Georgia	2-year accreditation	met	—
St. Joseph Hospital East Memphis, Tennessee	2-year accreditation	met	—

Hospital	JCAH Accreditation Survey Decision	HCFA Certification Decision	Medicare Condition Not Met
Atlanta Region (cont.)			
C.J. Harris Community Hosp. Sylva, North Carolina	2-year accreditation	not met	LSC
South Fulton Hospital East Point, Georgia	2-year accreditation	met	—
Bourbon County Hospital Parish, Kentucky	1-year accreditation	met	—
Central Baptist Hospital Lexington, Kentucky	2-year accreditation	met	—
Our Lady of Bellefonte Hospital Ashland, Kentucky	1-year accreditation	not met	Medical Staff, Nursing, Labs
Laird Hospital and Clinic Union, Mississippi	2-year accreditation	met	—
Leake County Memorial Hosp. Carthage, Mississippi	2-year accreditation	met	—
Anson County Hospital Wadesboro, North Carolina	2-year accreditation	not met	LSC
Lenoir Memorial Hospital Kinston, North Carolina	2-year accreditation	met	—
Memorial Mission Hospital Asheville, North Carolina	2-year accreditation	not met	LSC
Raleigh Community Hospital Raleigh, North Carolina	2-year accreditation	met	—
Bradley County Memorial Hosp. Cleveland, Tennessee	2-year accreditation	met	—
Lincoln County Hospital Fayetteville, Tennessee	2-year accreditation	not met	Nursing
Chicago Region			
Hopedale Hospital Hopedale, Illinois	2-year accreditation	not met	LSC, Nursing

Hospital	JCAH Accreditation Survey Decision	HCFA Certification Decision	Medicare Condition Not Met
Chicago Region (cont.)			
Hendrick County Hospital Danville, Indiana	1-year accreditation	met	—
Memorial Hospital South Bend, Indiana	1-year accreditation	not met	LSC
Sturgis Hospital Sturgis, Michigan	2-year accreditation	met	—
St. Olaf Hospital Austin, Minnesota	2-year accreditation	met	—
Akron City Hospital Akron, Ohio	2-year accreditation	met	—
St. Elizabeth's Hospital Appleton, Wisconsin	2-year accreditation	not met	LSC
Dallas Region			
Ouachita Memorial Hospital Hot Springs, Arkansas	2-year accreditation	not met	LSC
Pointe Coupee General Hosp. New Road, Louisiana	2-year accreditation	not met	State and Local Laws, Governing Body, Physical Environment, Medical Staff, Nursing, Medical Records, Labs, Emergency Service, LSC, Pharmacy
Gladewater Municipal Hosp. Gladewater, Texas	2-year accreditation	met	—
Gulfway General Hospital Houston, Texas	2-year accreditation	not met	Physical Environment, Dietary, Medical Records, Complementary Department, LSC
Medical Center Hospital Tyler, Texas	1-year accreditation	not met	Physical Environment Nursing, LSC
Riverside Hospital Robstown, Texas	2-year accreditation	met	—
Shoal Creek Hospital Austin, Texas	1-year accreditation	met	—

ATTACHMENT II

Hospital	JCAH Accreditation Survey Decision	HCFA Certification Decision	Medicare Condition Not Met
Dallas Region (cont.)			
Southmore Medical Center Pasadena, Texas	2-year accreditation	met	—
St. David's Hospital Austin, Texas	1-year accreditation	met	—
Taft Hospital District Taft, Texas	2-year accreditation	met	—
Kansas City Region			
Howard County Hospital Cresco, Iowa	2-year accreditation	not met	LSC, Labs
Municipal Hospital Clarinda, Iowa	2-year accreditation	not met	LSC, Medical Staff, Labs
Bethany Medical Center Kansas City, Kansas	2-year accreditation	not met	LSC
Community Memorial Hospital Marysville, Kansas	2-year accreditation	met	—
North Kansas City Memorial Hospital Kansas City, Missouri	2-year accreditation	not met	LSC
St. Francis Medical Center Cape Girardeau, Missouri	2-year accreditation	not met	LSC, Nursing, Complementary Dept., Emergency Services, Social Work
Denver Region			
Longmont United Hospital Longmont, Colorado	2-year accreditation	met	—
Community Hosp. of Anaconda Anaconda, Montana	2-year accreditation	not met	LSC
St. Josephs Hospital Mitchell, South Dakota	2-year accreditation	met	—

ATTACHMENT II

Hospital	JCAH Accreditation Survey Decision	HCFA Certification Decision	Medicare Condition Not Met
San Francisco Region			
Scottsdale Community Hosp. Scottsdale, Arizona	2-year accreditation	met	—
Corcoran District Hospital Corcoran, California	2-year accreditation	not met	LSC
Half Moon Bay Hospital Moss Beach, California	2-year accreditation	met	—
Providence Hospital Oakland, California	2-year accreditation	met	—
Saddle Back Community Hosp. Laguna, California	1-year accreditation	not met	LSC
San Luis Obispo Gen. Hosp. San Luis Obispo, California	2-year accreditation	not met	LSC
Tulare County General Hosp. Tulare, California	1-year accreditation	not met	LSC
Vallejo General Hospital Vallejo, California	2-year accreditation	met	—
Seattle Region			
Santian Memorial Hospital Stayton, Oregon	2-year accreditation	met	—
United General Hospital Sedro-Wooley, Washington	2-year accreditation	met	—
Yakima Valley Memorial Hosp. Yakima, Washington	1-year accreditation	not met	LSC, Medical Staff, Pharmacy
Northwest Hospital Seattle, Washington	2-year accreditation	met	—

SAMPLE VALIDATIONS

FREQUENCY OF UNMET MEDICARE CONDITIONS IN HOSPITALS PLACED UNDER STATE AGENCY SURVEILLANCE

ATTACHMENT III

	Survey Period January 1, 1974 - September 30, 1974 68 Hospitals		Survey Period October 1, 1974 - September 30, 1975 99 Hospitals		Survey Period July 1, 1976 - September 30, 1978 169 Hospitals		Survey Period October 1, 1978 - September 30, 1979 37 Hospitals	
Condition of Participation - Compliance with State and Local Laws .405.1020	3	4%	5	5%	5	3%	1	2%
Condition of Participation - Governing Body.....405.1021	2	3%	4	4%	5	3%	1	2%
Condition of Participation - Physical Environment.....405.1022	6	9%	25	25%	10	6%	6	16%
Condition of Participation - Medical Staff.....405.1023	11	16%	14	14%	5	3%	5	13%
Condition of Participation - Nursing Department.....405.1024	12	18%	15	15%	23	14%	8	21%
Condition of Participation - Dietary Department.....405.1025	7	10%	6	6%	16	9%	1	2%
Condition of Participation - Medical Record Department.....405.1026	3	4%	5	5%	12	7%	2	5%
Condition of Participation - Pharmacy or Drug Room.....405.1027	16	24%	15	15%	12	7%	2	5%
Condition of Participation - Laboratories.....405.1028	2	3%	5	5%	13	8%	6	16%
Condition of Participation - Radiology Department.....405.1029	1	1%	1	1%	1	1%	0	0%
Condition of Participation - Medical Library.....405.1030	2	3%	0	0%	2	1%	0	0%
Condition of Participation - Complementary Department.....405.1031	8	12%	5	5%	10	6%	2	5%
Condition of Participation - Outpatient Department.....405.1032	0	0%	0	0%	1	1%	0	0%
Condition of Participation - Emergency Service or Department.....405.1033	2	3%	7	7%	9	5%	3	8%
Condition of Participation - Utilization Review Plan.....405.1035	-	NA	-	NA	1	1%	-	—
Condition of Participation - Social Work Department.....405.1034	6	9%	3	3%	4	2%	1	2%
* Life Safety Code	65	96%	91	92%	149	88%	33	89%

* The requirement that a hospital be in compliance with the provisions of the Life Safety Code (LSC) is contained in Condition of Participation 405.1022— Physical Environment. For purposes of this report, however, LSC is reported separately because it is a separate survey process.

SAMPLE VALIDATION SURVEYS
HCFA CERTIFICATION-JCAH ACCREDITATION DECISIONS
BY SURVEY PERIOD

ATTACHMENT IV

	SURVEY PERIOD January 1, 1974 - September 30, 1974		SURVEY PERIOD October 1, 1974 - September 30, 1975		SURVEY PERIOD July 1, 1976 - September 30, 1978		SURVEY PERIOD October 1, 1978 - September 30, 1979	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Validation Survey Decisions								
Hospitals in Compliance	37	35	57	37	70	29	39	51
Hospitals out of Compliance	68	65	99	63	169	71	37	49
Surveys Performed	105	100	156	100	239	100	76	100
Reasons for Noncompliance								
Hospitals out of Compliance with Life Safety Code Only	36	53	56	57	110	65	19	51
Hospitals out of Compliance with Life Safety Code and at least one Condition of Participation	29	43	35	35	39	23	14	38
Hospitals out of Compliance for reasons other than Life Safety Code	3	4	8	8	20	12	4	11
	68	100	99	100	169	100	37	100
JCAH Accreditation Decisions								
For Hospitals found out of Compliance by HCFA								
Two year accreditation	53	78	62	63	90	53	27	73
One year accreditation	13	19	32	32	78	46	10	27
Accreditation Removed	2	3	5	5	1	1	0	0
	68	100	99	100	169	100	37	100
For Hospitals found in Compliance by HCFA								
Two year accreditation	30	81	49	86	51	73	35	90
One year accreditation	5	14	7	12	19	27	4	10
Accreditation Removed	2	5	1	2	0	0	0	0
	37	100	57	100	70	100	39	100

ATTACHMENT V

Sample Validation Surveys
Comparative Analysis of HCFA and JCAH Survey Findings -
General Health and Safety Requirements

For other than LSC and Laboratory requirements, a total of 3,136 deficiencies were cited by JCAH and HCFA (Exhibit 1). Of the 3,136 citations, 1,985 represented areas for which both HCFA and JCAH have similar requirements, 1,025 represented citations by JCAH for which there are no comparable HCFA requirements and 126 represented citations by HCFA for which there are no comparable JCAH requirements.

The 1,985 citations for which JCAH and HCFA have similar requirements reflect greater emphasis being placed by JCAH than HCFA on administrative type requirements and greater specificity in the JCAH survey report forms.

- Only 248 or 12 percent of the deficiencies were cited by both organizations.
- 1,268 or 64 percent were cited by JCAH and 717 (including 23 questionable items) or 36 percent were cited by HCFA.
- JCAH cited 678 deficiencies versus 228 of HCFA in the administrative category as compared to 590 JCAH versus 466 HCFA citations in all other categories.

An analysis of the 3 conditions (nursing, physical environment, and medical staff) most frequently cited as being out of compliance also reflected greater emphasis by JCAH than HCFA on administrative type requirements. (Exhibits 2, 3, 4, columns 6 and 7). Results show:

- HCFA found a greater number of deficiencies overall than JCAH 78 and 65, respectively.
- JCAH cited 47 deficiencies versus 35 of HCFA in the administrative category as compared to 18 JCAH versus 43 HCFA citations in all other categories.
- For the medical staff condition only, JCAH found a greater number of deficiencies than HCFA; 46 and 33, respectively.

An analysis of deficiency citations for 15 hospitals based on out of compliance conditions of participation only (Exhibit 5) shows:

- Only 33 of 151 deficiencies for comparable requirements were cited by both organizations.
- HCFA cited a greater number of deficiencies overall than JCAH; 121 and 114, respectively.
- JCAH cited a greater number of deficiencies than HCFA in the medical staff (47 and 33), dietary (15 and 4), and pharmacy (6 and 3).

- HCFA cited a greater number of deficiencies than JCAH in physical environement (14 and 4), nursing(26 and 9), and medical records(10 and 2).

- 30 of 69 (44 percent) deficiencies found only by HCFA, and 12 of 49 deficiencies (25 percent) found only by JCAH would/could cause a condition to be out of compliance.

- For 8 hospitals that had the nursing condition out of compliance, 9 of 20 (45 percent) of comparable items identified by HCFA and not by JCAH appeared to have been the basis for causing the condition to be out of compliance.

- For 5 hospitals that had medical staff out of compliance, 6 of 16 (38 percent) comparable items identified by HCFA and not by JCAH appear to have been the basis for causing the condition to be out of compliance. Ten of 27 (37 percent) comparable items identified by JCAH only if identified by HCFA would/could cause the condition to be out of compliance.

- For 6 hospitals that had physical environment out of compliance, 3 of 10 (30 percent) comparable items identified by HCFA and not by JCAH appear to have been the basis for the condition being out of compliance.

- For 2 hospitals that had pharmacy out of compliance, 2 of 4 (50 percent) comparable items identified by JCAH only if identified by HCFA would/could cause the condition to be out of compliance.

ATTACHMENT V
EXHIBIT 1

SAMPLE VALIDATION SURVEYS
COMPARISON OF HCFA AND JCAH DEFICIENCY CITATIONS
66 HOSPITALS 1/
ALL CONDITIONS OF PARTICIPATION
EXCEPT LIFE SAFETY CODE AND LABORATORY
10/01/78 - 09/30/79

HCFA Regulation Requirement Grouping	Similar Requirement, Deficiency Cited by HCFA and JCAH (1)	Similar Requirements, Deficiency Cited by HCFA, Not JCAH (2)	Similar Requirements, Deficiency Cited by HCFA, Not JCAH - (Validity of HCFA Citation Questionable) (3)	Similar Requirement, Deficiency Cited by JCAH, Not HCFA (4)	HCFA Requirement, No Comparable JCAH Requirement, Deficiency Cited by HCFA (5)	JCAH Requirement, No Comparable HCFA Requirement, Deficiency Noted by JCAH (6)	Total JCAH Citations (Columns 1, 4, and 6) (7)	Total HCFA Citations (Columns 1, 2, 3, and 5) (8)	Total JCAH and HCFA Citations (Columns 7 and 8) (9)
Staffing, Personnel Qualifications	20	55	4	86	28	36	142	107	249
Performance, Delivery of Care	55	92	1	119	34	131	305	182	487
Environment	49	83	6	73	10	66	188	148	336
Administration, Organization, Management, Committees, Continuing Education	94	134	10	584	44	593	1271	282	1553
Records	30	82	2	158	10	199	387	124	511
Total	248	446	23	1020	126	1025	2293	843	3136

1/ Data for comparison was available for 66 of the 76 hospitals surveyed.

ATTACHMENT V
EXHIBIT 2

SAMPLE VALIDATION SURVEYS
COMPARISON OF HCFA AND JCAH DEFICIENCY CITATIONS
8 HOSPITALS
OUT OF COMPLIANCE WITH CONDITION OF PARTICIPATION - NURSING
10/01/78 - 09/30/79

HCFA Regulation Requirement Grouping	Similar Requirement, Deficiency Cited by HCFA and JCAH (1)	Similar Requirements, Deficiency Cited by HCFA, Not JCAH (2)	Similar Requirement, Deficiency Cited by JCAH, Not HCFA (3)	HCFA Requirement, No Comparable JCAH Requirement, Deficiency Cited by HCFA (4)	JCAH Requirement, No Comparable HCFA Requirement, Deficiency Noted by JCAH (5)	Total JCAH Citations (Columns 1, 3 and 5) (6)	Total HCFA Citations (Columns 1, 2 and 4) (7)	Total JCAH and HCFA Citations (Columns 6 and 7) (8)
Staffing, Personnel Qualifications	1	8		2		1	11	12
Performance, Delivery of Care	3	6	2	2	1	6	11	17
Environment								
Administration, Organization, Management, Committees, Continuing Education	2	4	1		3	6	6	12
Records		2		1	2	2	3	5
Total	6	20	3	5	6	15	31	46

ATTACHMENT V
EXHIBIT 3

SAMPLE VALIDATION SURVEYS
COMPARISON OF HCFA AND JCAH DEFICIENCY CITATIONS
6 HOSPITALS
OUT OF COMPLIANCE WITH CONDITION OF PARTICIPATION - PHYSICAL ENVIRONMENT
10/01/78 - 09/30/79

HCFA Regulation Requirement Grouping	Similar Requirement, Deficiency Cited by HCFA and JCAH (1)	Similar Requirements, Deficiency Cited by HCFA, Not JCAH (2)	Similar Requirement, Deficiency Cited by JCAH, Not HCFA (3)	HCFA Requirement, No Comparable JCAH Requirement, Deficiency Cited by HCFA (4)	JCAH Requirement, No Comparable HCFA Requirement, Deficiency Noted by JCAH (5)	Total JCAH Citations (Columns 1, 3 and 5) (6)	Total HCFA Citations (Columns 1, 2 and 4) (7)	Total JCAH and HCFA Citations (Columns 6 and 7) (8)
Staffing, Personnel Qualifications	1					1	1	2
Performance, Delivery of Care								
Environment	3	9				3	12	15
Administration, Organization, Management, Committees, Continuing Education								
Records		1					1	1
Total	4	10				4	14	18

ATTACHMENT V
EXHIBIT 4

SAMPLE VALIDATION SURVEYS
COMPARISON OF HCFA AND JCAH DEFICIENCY CITATIONS
5 HOSPITALS
OUT OF COMPLIANCE WITH CONDITION OF PARTICIPATION - MEDICAL STAFF
10/01/78 - 09/30/79

HCFA Regulation Requirement Grouping	Similar Requirement, Deficiency Cited by HCFA and JCAH (1)	Similar Requirements, Deficiency Cited by HCFA, Not JCAH (2)	Similar Requirement, Deficiency Cited by JCAH, Not HCFA (3)	HCFA Requirement, No Comparable JCAH Requirement, Deficiency Cited by HCFA (4)	JCAH Requirement, No Comparable HCFA Requirement, Deficiency Noted by JCAH (5)	Total JCAH Citations (Columns 1, 3 and 5) (6)	Total HCFA Citations (Columns 1, 2 and 4) (7)	Total JCAH and HCFA Citations (Columns 6 and 7) (8)
Staffing, Personnel Qualifications	1		2			3	1	4
Performance, Delivery of Care								
Environment	2					2	2	4
Administration, Organization, Management, Committees, Continuing Education	10	16	28	3	3	41	29	70
Records				1			1	1
Total	13	16	30	4	3	46	33	79

ATTACHMENT V
EXHIBIT 5

SAMPLE VALIDATION SURVEYS
COMPARISON OF HCFA AND JCAH DEFICIENCY CITATIONS
BY CONDITIONS OF PARTICIPATION OUT OF COMPLIANCE 1/
15 HOSPITALS 2/
10/01/78 - 09/30/79

Condition of Participation	Hospitals With Conditions Out of Compliance (1)	Similar Requirement, Deficiency Cited by HCFA and JCAH (2)	Similar Requirements, Deficiency Cited by HCFA, Not JCAH (3)	Similar Requirement, Deficiency Cited by JCAH, Not HCFA (4)	HCFA Requirement, No Comparable JCAH Requirement, Deficiency Cited by HCFA (5)	JCAH Requirement, No Comparable HCFA Requirement, Deficiency Noted by JCAH (6)	Total JCAH Citations (Columns 2, 4 and 6) (7)	Total HCFA Citations (Columns 2, 3 and 5) (8)	Total JCAH and HCFA Citations (Columns 7 and 8) (9)
Physical Environment	6	4	10				4	14	18
Nursing Department	8	6	20	3	5	6	15	31	46
Medical Staff	5	13	16	27	4	7	47	33	80
Emergency Services	3		5	3			3	5	8
Medical Records	2		10	2	2	3	5	12	17
Complementary Dept.	2	3	2	1	5	1	5	10	15
State and Local Laws	1		1					1	1
Social Work	1		2		2	1	1	4	5
Governing Body	1		2	2		6	8	2	10
Dietary Department	1	4		7		4	15	4	19
Pharmacy	2	1	1	4	1	4	9	3	12
Radiology									
Outpatient	0	2					2	2	4
Medical Library									
Total Conditions	32								
Total Deficiencies		33	69	49	19	32	114	121	236

1/ Exclusive of Laboratory and Life Safety Code Findings

2/ Data for comparison was available for 15 of the 18 hospitals found out of compliance for health related conditions.

Sample Validation Surveys
Comparative Analysis of HCFA and JCAH Survey Findings -
Life Safety Code Deficiency Citations

For Life Safety Code requirements a total of 953 deficiencies were cited. Only 116 (12%), however, were cited by both JCAH and HCFA. Of the remaining deficiencies 548 (58%) were cited by HCFA and not by JCAH and 289 (30%) were cited by JCAH and not by HCFA.

Although hazardous areas were found deficient numerous times by both JCAH and HCFA, the same hazardous areas were not found deficient. JCAH surveyors failed to find deficiencies in such significant items as air conditioning and ventilating systems, a major cause of the spread of smoke and toxic gases in a fire situation, as well as such construction features as vertical shafts and stairway enclosures.

In areas of critical fire safety requiring knowledge of construction (engineering and/or architecture) HCFA found significantly more deficiencies than JCAH as indicated below:

Deficiency Cited	Number of Times Cited by JCAH Surveyors	Number of Times Cited by State Agency Survevors
Smoke Barriers	18	34
Doors in Walls Separating Hazardous Areas	3	14
Stairs/Smokeproof Towers	0	11
Exits/Number and Type	2	12
Exits/Sign Illumination	3	15
Interior Finish	2	15
Testing Fire Alarm	4	12
Air Conditioning/ Ventilating	2	23
Furnishings and Decorations	0	14

In addition, in 14 or more of the hospitals surveyed, HCFA found twice as many deficient areas as JCAH. Both organizations found 14 or more hospitals out of compliance with requirements for corridor walls, corridor doors, smoke barriers and hazardous areas. In addition, JCAH found 14 or more hospitals out of compliance with requirements for anesthetizing areas, central electrical systems, and stairwell doors (signs). HCFA found 14 or more of the facilities out of compliance with requirements for the following:

Construction Type

Stairway Enclosures

Doors in Walls Separating Hazardous Areas

Vertical Shafts

Doors in Fire and Smoke Partitions

Air Conditioning/Ventilating Systems

Exit Directional Signs Illuminated

Evacuation Plan Posted

Furnishings and Decorations

Interior Finish

ATTACHMENT #1

COMPARISON OF HCFA AND JCAH DEFICIENCY CITATIONS
66 HOSPITALS
LIFE SAFETY CODE ONLY
10/01/78 - 09/30/79

Area of Deficiency	Deficiencies Cited by Both JCAH and HCFA (1)	Deficiencies Cited by HCFA ONLY (2)	Deficiencies Cited by JCAH ONLY (3)	Total JCAH Citations (Columns 1 and 3) (4)	Total HCFA Citations (Columns 1 and 2) (5)	Total Deficiencies Cited by JCAH and HCFA (Columns 1, 2 and 3) (6)
CONSTRUCTION	4	22*	7	11	26	33
CORRIDOR WALLS	16	34*	22*	38	50	72
CORRIDOR DOORS	13	31*	23*	36	44	67
SUBDIVISION OF FLOOR AREA	4	6	4	8	10	14
SMOKE BARRIERS - SECTIONS	2	12	4	6	14	18
SMOKE BARRIERS - CONTINUOUS	14	34*	19*	33	48	67
COMMON WALL	0	3	2	2	3	5
STAIRWAY ENCLOSURES	3	15*	9	12	18	27
DOORS IN STAIRWAY ENCLOSURES	0	7	3	3	7	10
DOORS IN WALL SEPARATING HAZARDOUS AREA	0	14*	3	3	14	17
STAIR AND SMOKEPROOF TOWERS	0	11	0	0	11	11
VERTICAL SHAFTS	3	15*	7	10	18	25
FIRE-STOPPING	0	0	0	0	0	0
LINEN AND TRASH CHUTES	4	8	8	12	12	20
EXITS - NUMBER AND TYPE	2	12	2	4	14	16

* Area found deficient 14 or more times.

Area of Deficiency	Deficiencies Cited by Both JCAH and HCFA (1)	Deficiencies Cited by HCFA ONLY (2)	Deficiencies Cited by JCAH ONLY (3)	Total JCAH Citations (Columns 1 and 3) (4)	Total HCFA Citations (Columns 1 and 2) (5)	Total Deficiencies Cited by JCAH and HCFA (Columns 1, 2 and 3) (6)
ACCESS (EXITS)	4	12	11	15	16	27
CAPACITY (EXITS)	0	2	0	0	2	2
HORIZONTAL EXIT	1	5	1	2	6	7
CORRIDOR WIDTH	0	3	0	0	3	3
ROOM EGRESS	0	0	1	1	0	1
TRAVEL DISTANCES	0	2	0	0	2	2
DOOR WIDTH	0	6	0	0	6	6
DOORS IN LINE OF EXIT TRAVEL	0	0	1	1	0	1
PATIENT ROOMS (LOCKS)	0	4	0	0	4	4
WINDOWS	0	8	0	0	8	8
DOORS IN FIRE AND SMOKE PARTITIONS	2	17*	12	14	19	31
STAIRWELL DOORS (SIGNS)	5	12	14*	19	17	31
EXIT LIGHTING	1	5	6	7	6	12
EXIT AND DIRECTIONAL SIGNS	0	15*	3	3	15	18
CENTRAL ELECTRICAL SYSTEMS	1	5	14*	15	6	20
EMERGENCY LIGHTING	0	2	0	0	2	2
REQUIRED EMERGENCY LIGHTING (AUTOMATIC, NOT MANUAL	0	3	0	0	3	3

* Area found deficient 14 or more times.

Area of Deficiency	Deficiencies Cited by Both JCAH and HCFA (1)	Deficiencies Cited by HCFA ONLY (2)	Deficiencies Cited by JCAH ONLY (3)	Total JCAH Citations (Columns 1 and 3) (4)	Total HCFA Citations (Columns 1 and 2) (5)	Total Deficiencies Cited by JCAH and HCFA (Columns 1, 2 and 3) (6)
HAZARDOUS AREAS	25	41 *	34 *	59	65	100
FIRE PROTECTION PLAN	0	2	3	3	2	5
EVACUATION PLAN POSTED	0	14 *	0	0	14	14
FIRE DRILLS	1	7	12	13	8	20
FURNISHINGS AND DECORATIONS	0	14 *	0	0	14	14
DRAPERIES AND CURTAINS (FLAME RETARDANT)	0	5	0	0	5	5
WASTEBASKETS - NONCOMBUSTIBLE	1	13	4	5	14	18
SMOKING REGULATIONS	0	5	7	7	5	12
RESPIRATORY THERAPY (56B)	0	5	1	1	5	6
NONFLAMMABLE MEDICAL GASES (56F)	0	5	1	1	5	6
ANESTHETIZING AREAS (56A)	1	9	28*	10	9	18
TOTAL	116	548	289	405	664	953

* Area found deficient 14 or more times.

Area of Deficiency	Deficiencies Cited by Both JCAH and HCFA (1)	Deficiencies Cited by HCFA ONLY (2)	Deficiencies Cited by JCAH ONLY (3)	Total JCAH Citations (Columns 1 and 3) (4)	Total HCFA Citations (Columns 1 and 2) (5)	Total Deficiencies Cited by JCAH and HCFA (Columns 1, 2 and 3) (6)
INTERIOR FINISH	1	15*	2	3	16	18
FLOOR COVERING	0	9	0	0	9	9
SPRINKLER COVERAGE	0	7	0	0	7	7
SPRINKLER SYSTEM MAINTENANCE	1	7	3	4	8	11
SPRINKLER ALARM SYSTEM	0	7	2	2	7	9
MAIN CONTROL VALVE (ELECTRIC SUPERVISION)	3	8	8	11	11	19
FIRE ALARM SYSTEM	2	9	6	8	11	17
FIRE ALARM SYSTEM TESTING	0	12	4	4	12	16
FIRE EXTINGUISHERS PROVIDED	0	3	1	1	3	4
FIRE EXTINGUISHERS TESTED	0	2	7	7	2	9
AIR CONDITIONING AND VENTILATING	2	23*	2	4	25	27
SPACE HEATERS/ PORTABLE HEATERS	0	1	7	7	1	8
COMBUSTION AND VENTILATION AIR	0	1	0	0	1	1

* Area found deficient 14 or more times.

ATTACHMENT VII

Sample Validation Surveys
Comparative Analysis of HCFA and JCAH Survey Findings -
Laboratory Deficiency Citations

The overall conclusions regarding comparative performance in surveying laboratories including a determination of compliance with a condition or standards (in Medicare) or recommendation of findings (JCAH), must be considered in comparing data bases. The data have been summarized as follows:

- (1) Comparative deficiency data have been collected for 49 facilities;

- (2) an aggregate of data of all facilities;

- (3) five facilities in which the State agency (SA) placed a laboratory condition or standard out of compliance by JCAH did not have a similar recommendation;

- (4) one facility in which JCAH and SA both cited the laboratory service as having serious deficiencies; and

- (5) five facilities in which JCAH found serious deficiencies and recommended remedial actions but the SA did not find similar problems.

The aggregate and individual results indicate that only about 10% of all deficiencies cited were found in common by both JCAH and Medicare surveyors. The JCAH surveyors found more deficiencies in areas where questions on its survey form reflect higher and more specific requirements than HCFA's standards: Lab safety, lab management and staffing (including training requirements and documentation of qualifications and work assignments). These differences are, in part, due to the fact that the Medicare program did not adopt the independent laboratory management section when the quality control and proficiency testing requirements were adopted from the independent laboratory regulations.

The State agencies, in turn, found more deficiencies in the quality control area (an average of 3 or more deficiencies per facility overall). JCAH found slightly more deficiencies per facility in general quality control whereas State agencies found more in the specific specialty areas. This may be partly due to the fact that while HCFA and JCAH requirements are similar, the HCFA form has more questions than the JCAH form in the specialty areas.

However, the findings of additional deficiencies by either State agency or JCAH surveyors were not considered serious enough in the 49 facilities (including 11 surveyed by the College of American Pathologists (CAP)) to warrant a condition or standard being placed out of compliance by the SA or a negative recommendation to be made by the JCAH. (JCAH has made an accreditation determination based on the CAP surveys).

In facilities recommended as having serious deficiencies by JCAH which were not cited by the SA, the JCAH found more total deficiencies in quality control, proficiency testing and other areas. In the reverse case where the State found a facility out of compliance with a condition or standard but the JCAH did not, the SA found more quality control deficiencies but not more deficiencies in other areas.

In some instances HCFA surveyors found more deficiencies in one specialty than JCAH, while in the same facility, JCAH found more deficiencies in another specialty than Medicare. This may be in part more of a reflection of the expertise of the surveyor in particular specialties rather than differences in the survey programs. The State agencies did not cite deficiencies in proficiency testing (PT) as frequently as did the JCAH surveyors (in one instance the SA did not cite either failure or lack of participation in its own State operated PT program but this deficiency was cited by JCAH). The State agencies also incorrectly cited facilities under State and local laws (in California) without any indication that licensure was not granted or that any action was taken under State and local laws. In addition State agencies sometimes cited deficiencies under the independent laboratory management section (405.1316) even though these are not applicable to hospitals. These same deficiencies could have been correctly cited under the appropriate code in other sections of the hospital and independent lab regulations.

ATTACHMENT VII

SAMPLE VALIDATION SURVEY
COMPARISON OF HCFA AND JCAH DEFICIENCY CITATIONS
49 HOSPITALS 1/
COMPLIANCE WITH CONDITION OF PARTICIPATION - LABORATORY
10/01/78 - 09/30/79

HCFA Regulation Requirement Grouping	Similar Requirement, Deficiency Cited by HCFA and JCAH (1)	Similar Requirements, Deficiency Cited by HCFA, Not JCAH (2)	Similar Requirement, Deficiency Cited by JCAH, Not HCFA (3)	HCFA Requirement, No Comparable JCAH Requirement, Deficiency Cited by HCFA (4)	JCAH Requirement, No Comparable HCFA Requirement, Deficiency Noted by JCAH (5)	Total JCAH Citations (Columns 1, 3 and 5) (6)	Total HCFA Citations (Columns 1, 2 and 4) (7)	Total JCAH and HCFA Citations (Columns 1 - 5) (8)
Staffing, Personnel Qualifications and Duties	5	6	59	0	0	64	11	70
Performance Delivery of Care Quality Control (General)	16	51	63	2	0	79	69	132
Microbiology	16	65	13	1	1	30	82	86
Serology	9	50	10	0	1	20	59	70
Chemistry	9	56	20	1	0	29	66	86
Hematology	8	46	18	5	0	26	59	77
Bloodbanking	1	36	21	0	0	22	37	58
Pathology	0	10	6	1	1	7	11	18
Radiobioassay	0	1	2	0	1	3	1	4
Total	59	315	153	10	4	216	384	541
Environment (Lab Safety)	8	5	39	0	27	74	13	79
Administration, Organization, Management, Committees, Lab Management	8	18	68	0	0	76	26	94
Records 2/ (Procedures Manuals)	3	18	16	0	0	19	21	37
Proficiency Testing	1	7	14	0	0	15	8	22
Total	79	363	290	12	30	399	454	774

1/ Data for comparison was available for 49 of the 76 hospitals surveyed.
2/ Records are integral part of Quality Control and Lab Management.

ATTACHMENT VII

SAMPLE VALIDATION SURVEY
COMPARISON OF HCFA AND JCAH DEFICIENCY CITATIONS
5 HOSPITALS 1/
COMPLIANCE WITH CONDITION OF PARTICIPATION - LABORATORY
10/01/78 - 09/30/79

HCFA Regulation Requirement Grouping	Similar Requirement, Deficiency Cited by HCFA and JCAH (1)	Similar Requirements, Deficiency Cited by HCFA, Not JCAH (2)	Similar Requirement, Deficiency Cited by JCAH, Not HCFA (3)	HCFA Requirement, No Comparable JCAH Requirement, Deficiency Cited by HCFA (4)	JCAH Requirement, No Comparable HCFA Requirement, Deficiency Noted by JCAH (5)	Total JCAH Citations (Columns 1, 3 and 5) (6)	Total HCFA Citations (Columns 1, 2 and 4) (7)	Total JCAH and HCFA Citations (Columns 1 - 5) (8)
Staffing, Personnel Qualifications and Duties	3	1	4	0	0	7	4	8
Performance Delivery of Care Quality Control (General)	11	11	3	0	0	14	22	25
Microbiology	5	15	0	0	0	5	20	30
Serology	2	14	1	0	0	3	16	17
Chemistry	2	16	3	0	0	5	18	21
Hematology	0	15	3	3	0	3	18	21
Bloodbanking	4	9	1	0	0	5	13	14
Pathology	4	9	1	0	0	5	13	14
Radiobioassay	0	4	2	0	0	2	4	6
Total	28	93	14	3	0	42	124	148
Environment (Lab Safety)	8	0	6	0	2	16	8	16
Administration, Organization, Management, Committees, Lab Management	6	4	4	0	0	10	10	14
Records 2/ (Procedures Manuals)	2	5	1	0	0	3	7	8
Proficiency Testing	1	3	0	0	0	1	4	4
Total	48	106	29	3	2	79	157	188

1/ Facilities in which HCFA found a condition or standard out of compliance.
2/ Records are integral part of Quality Control and Lab Management.

SAMPLE VALIDATION SURVEY
COMPARISON OF HCFA AND JCAH DEFICIENCY CITATIONS
1 HOSPITAL 1/
COMPLIANCE WITH CONDITION OF PARTICIPATION - LABORATORY
10/01/78 - 09/30/79

ATTACHMENT VII

HCFA Regulation Requirement Grouping	Similar Requirement, Deficiency Cited by HCFA and JCAH (1)	Similar Requirements, Deficiency Cited by HCFA, Not JCAH (2)	Similar Requirement, Deficiency Cited by JCAH, Not HCFA (3)	HCFA Requirement, No Comparable JCAH Requirement, Deficiency Cited by HCFA (4)	JCAH Requirement, No Comparable HCFA Requirement, Deficiency Noted by JCAH (5)	Total JCAH Citations (Columns 1, 3 and 5) (6)	Total HCFA Citations (Columns 1, 2 and 4) (7)	Total JCAH and HCFA Citations (Columns 1 - 5) (8)
Staffing, Personnel Qualifications and Duties	0	0	4	0	0	4	0	4
Performance Delivery of Care Quality Control (General)	5	1	2	0	0	7	6	8
Microbiology	5	3	0	0	0	5	8	8
Serology	2	3	0	0	0	2	5	5
Chemistry	2	2	2	0	0	4	4	6
Hematology	0	3	2	0	0	2	3	5
Bloodbanking	3	3	1	0	0	4	6	7
Pathology	0	3	2	0	0	2	3	5
Radiobioassay	0	0	0	0	0	0	0	0
Total	17	18	9	0	0	26	35	44
Environment (Lab Safety)	8	0	4	0	1	13	8	13
Administration, Organization, Management, Committees, Lab Management	4	0	2	0	0	6	4	6
Records (Procedures Manuals)	1	0	0	0	0	1	1	1
Proficiency Testing	1	0	0	0	0	1	1	1
Total	31	18	19	0	1	51	49	69

1/ Serious deficiencies cited by JCAH and HCFA.
2/ Records are integral part of Quality Control and Lab Management.

SAMPLE VALIDATION SURVEY
COMPARISON OF HCFA AND JCAH DEFICIENCY CITATIONS
5 HOSPITALS 1/
COMPLIANCE WITH CONDITION OF PARTICIPATION - LABORATORY
10/01/78 - 09/30/79

ATTACHMENT VII

HCFA Regulation Requirement Grouping	Similar Requirement, Deficiency Cited by HCFA and JCAH (1)	Similar Requirements, Deficiency Cited by HCFA, Not JCAH (2)	Similar Requirement, Deficiency Cited by JCAH, Not HCFA (3)	HCFA Requirement, No Comparable JCAH Requirement, Deficiency Cited by HCFA (4)	JCAH Requirement, No Comparable HCFA Requirement, Deficiency Noted by JCAH (5)	Total JCAH Citations (Columns 1, 3 and 5) (6)	Total HCFA Citations (Columns 1, 2 and 4) (7)	Total JCAH and HCFA Citations (Columns 1 - 5) (8)
Staffing, Personnel Qualifications and Duties	0	0	10	0	0	10	0	10
Performance Delivery of Care Quality Control (General)	7	5	15	0	0	22	12	27
Microbiology	0	10	4	0	0	4	10	14
Serology	0	4	3	0	0	3	4	7
Chemistry	0	3	7	0	0	7	3	10
Hematology	2	5	6	0	0	8	7	13
Bloodbanking	1	3	2	0	0	3	4	6
Pathology	0	0	0	0	0	0	0	0
Radiobioassay	0	0	0	0	0	0	0	0
Total	10	30	37	0	0	47	40	77
Environment (Lab Safety)	0	0	12	0	11	23	0	23
Administration, Organization, Management, Committees, Lab Management	1	0	11	0	0	12	1	12
Records 2/ (Procedures Manuals)	0	1	1	0	0	1	1	2
Proficiency Testing	2	0	3	0	0	5	2	5
Total	13	31	74	0	11	98	44	129

1/ Facilities in which JCAH found significant deficiencies.
2/ Records are integral part of Quality Control and Lab Management.

ATTACHMENT VIII

COMPLAINT INVESTIGATION SURVEYS
HOSPITALS PLACED UNDER STATE AGENCY SURVEILLANCE

21 Hospitals
October 1, 1978-September 30, 1979

Hospital	JCAH Accreditation Survey Decisions and Data	HCFA Survey and Decision Date	Medicare Conditions Not Met	Returned to Deemed Status
Boston Region				
Grover Manor Hospital Revere, Massachusetts	2-year accreditation effective 10/21/77 accreditation expired 10/21/79	11/10/78	Governing Body, Radiology, Medical staff, Nursing	Hospital cancelled 1979 JCAH survey accreditation expired
Hall-Brooke Hospital Westport, Connecticut	Adult Psychiatric Program 2-year accreditation effective 8/12/76 1978 survey transferred to 1979 1-year accreditation effective 7/21/79	12/05/78	LSC	—
New York Region				
NONE				
Philadelphia Region				
St. Agnes Medical Ctr. Philadelphia, PA	2-year accreditation effective 1/30/79	5/19/79	LSC	Corrections complete returned to JCAH 10/2/79
Easton Hospital Easton, PA	2-year accreditation effective 3/21/79	5/29/79	Governing Body, Nursing, Outpatient Department	Corrections complete returned to JCAH 3/19/80

ATTACHMENT VIII

Hospital	JCAH Accreditation Survey Decisions and Data	HCFA Survey and Decision Date	Medicare Conditions Not Met	Returned to Deemed Status
Atlanta Region				
St. Margaret's Hosp. Montgomery, Alabama	2-year accreditation effective 3/30/77 1-year accreditation effective 3/19/79	2/8/79	Physical Environment (Sanitation)	—
Municipal Hospital Port St. Joe, Florida	2-year accreditation effective 3/23/77 1-year accreditation effective 10/30/79	12/6/78	Laboratory Services	Corrections complete returned to JCAH 11/28/79
University Hospital Seminole, Florida	2-year accreditation effective 1/23/78	03/13/79	Dietary	Corrections complete returned to JCAH 12/18/79
Pinellas Horizon Mental Health Ctr. Clearwater, Florida	Adult Psychiatric Program 2-year accreditation effective 9/20/79	4/24/79	Nursing	Corrections complete returned to JCAH 9/19/79
Lee County Hospital Sanford, North Carolina	2-year accreditation effective 1/21/78 1-year accreditation effective 1/29/79	11/27/78	Pharmacy	—
Chicago Region				
NONE				
Dallas Region				
Forest Avenue Hosp. and Medical Center Dallas, Texas	2-year accreditation effective 12/1/78	11/30/78	State and Local Laws, Complementary Department (Physical Therapy)	Corrections complete returned to JCAH 3/27/79
Wilson N. Jones Memorial Hospital Sherman, Texas	1-year accreditation effective 6/2/77 JCAH changed accreditation to 2-year 2-year accreditation effective 5/22/79	11/7/78	Nursing	Corrections complete returned to JCAH 3/15/79

ATTACHMENT VIII

Hospital	JCAH Accreditation Survey Decisions and Data	HCFA Survey and Decision Date	Medicare Conditions Not Met	Returned to Deemed Status
Dallas Region (cont.)				
Oak Cliff Medical and Surgical Hosp., Inc. Dallas, Texas	1-year accreditation effective 5/26/78	11/6/78	Nursing	—
University Hospital Lubbock, Texas	2-year accreditation effective 5/10/78	1/9/79	Laboratory Services	Corrections complete returned to JCAH 7/11/79
East Jefferson Hosp. Metaire, Louisiana	2-year accreditation effective 6/25/79	7/30/79	State and Local Laws, Pharmacy and Complementary Department (Surgery)	—
Lallie Kemp Charity Hospital Independence, LA	1-year accreditation effective 11/17/77 non-accreditation effective 8/17/79	9/11/79	Physical Environment, (Sanitation) Medical Staff, Medical Records, Pharmacy, Laboratory, Complementary Services (Surgery), Social Work	—
Franklin Parish Hosp. Winnsboro, LA	2-year accreditation effective 5/8/78	12/15/78	Nursing	Corrections complete returned to JCAH 8/2/79
Kansas City Region				
Marian Health Center Sioux City, Iowa	2-year accreditation 10/25/77 1-year accreditation 10/1/79	3/7/79	Physical Environment (Sanitation) Nursing	Corrections complete returned to JCAH 11/13/79
Denver Region				
Parkview Episcopal Hospital Pueblo, Colorado	1-year accreditation effective 8/3/78	11/24/78	Medical Staff, Medical Records	Corrections complete returned to JCAH 11/14/79

ATTACHMENT VIII

Hospital	JCAH Accreditation Survey Decisions and Date	HCFA Survey and Decision Date	Medicare Conditions Not Met	Returned to Deemed Status
San Francisco Region				
Arizona State Hosp. Phoenix, Arizona	Adult Psychiatric Program 1-year accreditation effective 7/25/77 2-year accreditation effective 8/25/79	11/17/78	Nursing, Dietary, Special Staffing, Special Medical Records	Corrections complete returned to JCAH 11/8/79
Mendocino Community Hospital Ukiah, California	1-year accreditation 3/31/78 2-year accreditation effective 3/29/79	11/7/78	LSC	Corrections complete returned to JCAH 3/6/80
Los Angeles County Harbor-UCLA Medical Center Torrance, California	1-year accreditation effective 3/29/78 2-year accreditation effective 3/19/79	2/16/79	LSC	—
Seattle Region				
NONE				

ATTACHMENT IX

Complaint Investigation Surveys
Frequency of Unmet Medicare Conditions in Hospitals Placed Under State Agency Surveillance

	Survey Period October 1, 1974 - September 30, 1975 38 Hospitals		Survey Period July 1, 1976 - September 30, 1978 76 Hospitals		Survey Period October 1, 1978 - September 30, 1979 21 Hospitals	
Condition of Participation - Compliance with State and Local Laws.....405.1020	2	5%	3	4%	2	10%
Condition of Participation - Governing Body.....405.1021	1	3%	4	5%	2	10%
Condition of Participation - Physical Environment.....405.1022	2	5%	8	11%	3	14%
Condition of Participation - Medical Staff.....405.1023	4	11%	6	8%	3	14%
Condition of Participation - Nursing Department.....405.1024	9	24%	35	46%	8	38%
Condition of Participation - Dietary Department.....405.1025	1	3%	6	8%	2	10%
Condition of Participation - Medical Record Department.....405.1026	2	5%	3	4%	2	10%
Condition of Participation - Pharmacy or Drug Room.....405.1027	5	13%	7	9%	3	14%
Condition of Participation - Laboratories.....405.1028	0	-	1	1%	3	14%
Condition of Participation - Radiology Department.....405.1029	0	-	0	-	1	5%
Condition of Participation - Medical Library.....405.1030	0	-	0	-	0	-
Condition of Participation - Complementary Department.....405.1031	0	-	4	5%	3	14%
Condition of Participation - Outpatient Department.....405.1032	0	-	0	-	1	5%
Condition of Participation - Emergency Service or Department.....405.1033	1	3%	5	7%	0	-
Condition of Participation - Social Work Department.....405.1034	0	-	1	1%	1	5%
Condition of Participation - Utilization Review Plan.....405.1035	0	-	0	-	0	-
Condition of Participation - Special Medical Records Requirements for Psychiatric Hospitals.....405.1037	0	-	0	-	1	5%
Condition of Participation - Special Staff Requirements for Psychiatric Hospitals.....405.1038	0	-	2	3%	1	5%
*Life Safety Code	30	79%	35	46%	4	19%

* The requirement that a hospital be in compliance with the provisions of the Life Safety Code (LSC) is contained in Condition of Participation 405.1022 - Physical Environment. For purposes of this report, however, LSC is reported separately because it is a separate survey process.

ATTACHMENT X

SAMPLE VALIDATION SURVEYS
ACCREDITED HOSPITALS RETURNED TO JCAH JURISDICTION
44 Hospitals
October 1, 1978 - September 30, 1979

Hospital	Date Placed Under State Agency Surveillance	Date Returned to JCAH
Lawrence Memorial Hospital Walnut Ridge, AR	8/23/77	8/3/79
Brookside Hospital San Pablo, CA	1/4/77	3/14/79
Doctors Hospital of Lake Worth, Inc. Lake Worth, FL.	7/6/77	6/14/79
Franklin Hospital Benton, IL	4/9/75	2/5/79
St. Elizabeth Hospital Chicago, IL	5/27/76	5/16/79
Lutheran Hospital Moline, IL	5/27/76	1/8/79
St. Francis Hospital Topeka, KS	8/18/77	11/27/78
Murray-Calloway County Hospital Murray, KY	10/11/78	2/5/79
Leonard Morse Hospital Natick, MA	9/10/75	2/2/79
Summes Hospital Arlington, MA	12/31/74	10/19/78
Martha's Vineyard Hospital Oak Bluff, MA	1/31/78	8/14/79
Soldiers Home Holyoke, MA	10/13/77	4/19/79
Community Hospital Waterliet, MI	5/22/78	7/31/79
Virginia Municipal Hospital Virginia, MN	3/19/78	2/9/79
Madison Memorial Hospital Fredericktown, MO	9/9/77	3/26/79

ATTACHMENT X

Hospital	Date Placed Under State Agency Surveillance	Dated Returned to JCAH
Bryan Memorial Hospital Lincoln, NE	12/26/77	10/23/78
Holy Cross Hospital Taos, NM	4/4/78	10/31/78
Our Lady of Victory Hospital Lackawanna, NY	12/5/78	3/16/79
Taylor-Brown Memorial Hospital Waterloo, NY	7/19/78	4/10/79
Northern Westchester Hospital Mount Kisco, NY	10/27/78	9/4/79
Wilkes General Hospital North Wilkesboro, NC	9/12/78	8/1/79
Alexander County Hospital Taylorville, NC	5/18/77	7/9/79
Wilson Hospital Sidney, OH	6/30/74	10/27/78
St. George Hospital Cincinnati, OH	3/25/77	3/14/79
Mercy Hospital Hamilton, OH	9/7/76	11/30/78
Van Wert County Hospital Van Wert, OH	5/29/78	5/31/79
Bone and Joint Hospital Oklahoma City, OK	7/25/78	5/8/79
St. Joseph's Hospital Lancaster, PA	5/28/76	5/14/79
Jeanes Hospital Philadelphia, PA	12/20/77	10/27/78
James C. Guiffre Medical Center (St. Lukes & Children Medical Center) Philadelphia, PA	6/30/75	11/13/78
Mercy Hospital Altoona, PA	2/25/77	12/22/78
West Park Hospital Philadelphia, PA	6/7/77	5/23/79

ATTACHMENT X

Hospital	Date Placed Under State Agency Surveillance	Date Returned to JCAH
American Onocologic Hospital Philadelphia, PA	2/15/79	5/21/79
Giles County Hospital Pulaski, TN	4/5/78	1/22/79
Jesse Holman Jones Hospital Springfield, TN	4/14/78	4/24/79
Lincoln County Hospital Fayetteville, TN	5/1/79	7/2/79
Memorial Hospital Kermit, TX	3/8/77	5/14/79
Goodall Witcher Hospital Clifton, TX	11/10/77	7/18/79
Seton Medical Center Austin, TX	8/5/77	6/6/79
Gulfway General Hospital Houston, TX	5/9/79	7/18/79
Yettie Kersting Memorial Hospital Liberty, TX	5/23/77	1/30/79
Glenwood General Hospital Tyler, TX	9/19/77	7/3/79
Matagorda General Hospital Bay City, TX	7/8/77	8/3/79
Circle Terrace Hospital Alexandria, VA	9/30/77	10/31/78

ATTACHMENT XI

COMPLAINT INVESTIGATION SURVEYS
ACCREDITATION HOSPITALS RETURNED TO JCAH JURISDICTION
10 HOSPITALS
October 1, 1978 - September 30, 1979

Hospital	Date Placed Under State Agency Surveillance	Date Returned to JCAH
Pinellas Horizon Mental Health Center Clearwater, FL	6/27/79	9/19/79
Fort Walton Beach Hospital Fort Walton Beach, FL	3/3/78	7/10/79
Division Hospital Lake City, FL	3/13/78	7/3/79
Iowa Methodist Hospital Des Moines, IO	5/14/75	5/8/79
Franklin Parish Hospital Winnsboro, LA	12/15/78	8/2/79
South Jefferson General Hospital Cretna, LA	12/3/77	1/2/79
University Hospital Lubbock, TX	1/9/79	5/25/79
Forest Avenue and Medical Clinic Dallas, TX	1/10/79	3/27/79
Wilson N. Jones Memorial Hospital Sherman, TX	11/7/78	3/15/79
Psychiatric Institute of Fort Worth Fort Worth, TX	12/5/77	1/11/79

SAMPLE VALIDATION SURVEYS
JCAH ACCREDITED HOSPITALS CURRENTLY UNDER STATE AGENCY SURVEILLANCE
139 Hospitals
Survey Period: January 1, 1974 through September 30, 1979

Hospital	Date of Survey	Medicare Condition Out of Compliance
Presbyterian University Hosp. Pittsburgh, PA	6/30/74	LSC
Wichita General Hospital Wichita Falls, TX	6/30/74	LSC
Miriam Hospital Providence, RI	9/30/74	LSC
State University Hospital of Upstate Medical Center Syracuse, NY	9/30/74	LSC
Titusville Hospital Titusville, PA	9/30/74	LSC
St. Mary's Hospital Saginaw, MI	9/30/74	LSC
C.F. Kettering Memorial Hospital Kettering, OH	9/30/74	LSC
Piqua Memorial Hospital Piqua, OH	9/30/74	LSC
St. Joseph's Memorial Hospital Hillsboro, WI	9/30/74	LSC
Black River Memorial Hospital Black River Falls, WI	9/30/74	LSC
Hackensack Hospital Hackensack, NJ	12/31/74	LSC
Faxton Hospital Utica, NY	12/31/74	LSC
Vassar Brothers Hospital Poughkeepsie, NY	12/31/74	LSC
Kent and Queen Anne's Hospital Chestertown, MD	12/31/74	LSC
Hospital of the Medical College of Pennsylvania Philadelphia, PA	12/31/74	LSC

ATTACHMENT XII

Hospital	Date of Survey	Medicare Condition Out of Compliance
Hayes-Green-Beach Memorial Hosp. Charlotte, MI	12/31/74	LSC
Evangelical Deaconess Detroit, MI	12/31/74	LSC
Cottage Hospital of Grosse Pointe Grosse Pointe, MI	12/31/74	LSC
St. John Hospital Detroit, MI	12/31/74	LSC
River District Hospital St. Clair, MI	12/31/74	LSC
Deaconess Hospital Cleveland, OH	12/31/74	LSC
Ladd Memorial Hospital Osceola, WI	12/31/74	LSC
Elmbrook Memorial Hospital Brookfield, WI	12/31/74	LSC
Westerly Hospital Westerly, RI	12/31/74	LSC
Anne Arundel General Hospital Annapolis, MD	6/30/75	LSC
Hospital of the University of Pennsylvania Philadelphia, PA	6/30/75	LSC
Johnston Memorial Hospital Abington, VA	6/30/75	LSC
Louise Obici Memorial Hospital Suffolk, VA	7/3/75	LSC
Medical Arts Center New York, NY	9/2/75	LSC
Calumet Public Hospital Laurium, MI	9/30/75	LSC
Newton-Wellesley Hospital Newton Lower Falls, MA	10/2/75	LSC

ATTACHMENT XII

Hospital	Date of Survey	Medicare Condition Out of Compliance
Newton Memorial Hospital Newton, NJ	10/17/75	LSC
United Hospital Center Clarksburg, WV	11/15/76	LSC
Marina Mercy Hospital Marina del Rey, CA	12/17/76	LSC
Woonsocket Hospital Woonsocket, RI	1/26/77	LSC
Moses Taylor Hospital Scranton, PA	2/7/77	LSC
St. Clair Memorial Hospital Pittsburgh, PA	2/7/77	LSC
Harrison Community Hospital Mt. Clemens, MI	12/18/77	LSC
Butterworth Hospital Grand Rapids, MI	3/22/77	LSC
University Hospital of Cleveland Cleveland, OH	3/25/77	LSC
Bronson Methodist Hospital Kalamazoo, MI	4/1/77	LSC
Marshall Hospital Placerville, CA	5/5/77	LSC
Wabash County Hospital Wabash, IN	5/6/77	LSC
Wythe County Community Hospital Wytheville, VA	5/6/77	LSC
Peninsula General Hospital Salisbury, MD	5/18/77	LSC
Windber Hospital Windber, PA	5/19/77	LSC
Gardena Medical Center Hospital Gardena, CA	6/20/77	LSC

ATTACHMENT XII

Hospital	Date of Survey	Medicare Condition Out of Compliance
Audrian Medical Center Mexico, MO	7/1/77	LSC
Memorial Hospital Nacogdoches, TX	7/8/77	LSC
Massachusetts General Hospital Boston, MA	7/20/77	LSC
Claremont General Hospital Claremont, NH	8/2/77	LSC
Annie Penn Memorial Hospital Reidsville, NC	8/2/77	LSC
Los Medanos Community Pittsburg, CA	8/10/77	LSC
Little Falls Hospital Little Falls, NY	8/17/77	LSC
Saint Francis Hospital Poughkeepsie, NY	8/19/77	LSC
Phelps Memorial Hospital North Tarrytown, NY	9/1/77	LSC
Muncy Valley Hospital Muncy, PA	9/19/77	LSC
Johns Hopkins Hospital Baltimore, MD	9/30/77	LSC
St. Luke's Hospital Bluefield, WV	9/30/77	LSC
Doctors Hospital Houston, TX	11/2/77	LSC
Stanton Community Hospital Stanton, CA	11/8/77	LSC
St. Luke's Episcopal Hospital Houston, TX	11/10/77	LSC
Putnam Community Hospital Carmel, NY	11/21/77	LSC
Morenci Area Hospital Morenci, MI	12/15/77	LSC

ATTACHMENT XII

Hospital	Date of Survey	Medicare Condition Out of Compliance
Cardinal Cushing General Hospital Brockton, MA	12/31/77	LSC
Franklin County Public Hospital Greenfield, MA	1/5/78	LSC
Providence Hospital Holyoke, MA	11/9/78	LSC
Condell Memorial Hospital Libertyville, IL	1/13/78	LSC
Cedars Sinai Medical Center Los Angeles, CA	1/26/78	LSC
Medical Center of Beaver County Rochester, PA	1/31/78	LSC
Mercy Hospital Scranton, PA	2/1/78	LSC
St. Joseph's Hospital Petterson, NJ	2/10/78	Pharmacy
Hurley Medical Center Flint, MI	2/27/78	LSC
Shadyside Hospital Pittsburgh, PA	3/2/78	LSC
Harrisburg Polyclinic Hospital Harrisburg, PA	3/9/78	LSC
Memorial Hospital of Mason County Ludington, MI	3/31/78	LSC
La Salle General Hospital Jena, LA	4/4/78	LSC
Lakeland General Hospital Lakeland, FL	4/21/78	LSC
St. John's General Hospital Pittsburgh, PA	4/24/78	LSC
Mullins Hospital Mullins, SC	5/18/78	LSC

ATTACHMENT XII

Hospital	Date of Survey	Medicare Condition Out of Compliance
Sancta Marie Hospital Cambridge, MA	6/6/78	LSC
Memorial Hospital Luflin, TX	6/9/78	LSC
Centro Asturiano Hospital Tampa, FL	6/28/78	LSC
Rex Hospital Raleigh, NC	6/29/78	LSC
Scheurer Hospital Pigeon, MI	6/30/78	LSC, Medical Library
Lincoln Medical Center Bronx, NY	6/30/78	Laboratory, Nursing, Emergency Services
Mary Lane Hospital Ware, MA	6/30/78	LSC, Nursing
Bellevue Hospital Center New York, NY	6/30/78	Dietary, Medical Records, Outpatient Department, LSC
Winchendon Hospital Winchendon, MA	6/30/78	LSC
Westchester Square Hospital Bronx, NY	6/30/78	Laboratory, Social Work
Wayne County Memorial Hospital Honesdale, PA	6/30/78	LSC
Shelby Memorial Hospital Shelby, OH	8/3/78	LSC, Governing Body, Medical Staff, Medical Records, Nursing, Dietary, Laboratory
Baptist Medical Center-Princeton Birmingham, AL	8/14/78	LSC
St. Francis Hospital Colorado Springs, CO	8/29/78	Medical Records
Flow Memorial Hospital Denton, TX	8/29/78	LSC
Commerce Medical and Surgical Center Commerce, TX	9/11/78	LSC

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Hospital	Date of Survey	Medicare Condition out of Compliance
Forsyth County Hospital Cumming, GA	9/27/78	LSC
Hillcrest General Hospital Flushing, NY	9/30/78	Labs, Nursing, Social Work
Forbes Health Center Pittsburgh, PA	9/30/78	LSC
St. Vincent Medical Center Los Angeles, CA	9/30/78	LSC
Missouri Delta Community Hosp. Sikeston, MO	9/30/78	LSC
Memorial Hospital Manhattan, KS	9/30/78	LSC
Powell County Memorial Hospital Deer Lodge, MT	9/30/78	LSC
St. Luke's Community Hospital Ronan, MT	9/30/78	LSC, Laboratories
Yakima Valley Memorial Hospital Yakima, WA	12/7/78	LSC, Medical Staff, Pharmacy
Municipal Hospital Clarinda, IO	1/4/79	LSC, Medical Staff, Laboratories
Howard County Hospital Cresco, IO	1/31/79	LSC, Laboratories
Connellsville State General Hosp. Connellsville, PA	2/5/79	LSC, Physical Environment
Brookville Hospital Brookville, PA	2/20/79	LSC
San Luis Obispo General Hospital San Luis Obispo, CA	3/1/79	LSC
Hopedale Hospital Hopedale, IL	3/22/79	LSC, Nursing
St. Mary's Hospital Huntington, WV	4/9/79	LSC
Everglades Memorial Hospital Pahokee, FL	4/10/79	LSC, Nursing

Hospital	Date of Survey	Medicare Conditions Out of Compliance
Ouachita Memorial Hospital Hot Springs, AR	4/17/79	LSC
St. Elizabeth's Hospital Appleton, WI	4/18/79	LSC
Medical Center Punta Gorda, FL	5/8/79	Laboratories
Boaz-Albertville Boaz, AL	5/15/79	LSC, Laboratories
Memorial Mission Hospital Asheville, NC	5/16/79	LSC
Montgomery County Hospital Blacksburg, VA	5/24/79	LSC
Anson County Hospital Wadesboro, NC	5/24/79	LSC
Medical Center Hospital Tyler, TX	5/30/79	Physical Environment, Nursing, LSC
Lawrence County Hospital Moulton, AL	6/5/79	LSC, Nursing, Emergency Services
C.J. Harris Community Hospital Sylva, NC	6/6/79	LSC
Saddleback Community Hospital Laguna, CA	6/8/79	LSC
Tulare County General Hospital Tulare, CA	6/8/79	LSC
Pointe Coupee General Hospital New Road, LA	6/11/79	State & Local Laws, Governing Body, Physical Environment, Medical Staff, Nursing, Medical Records, Laboratories, Emergency Services, Pharmacy, LSC
Corcoran District Hospital Corcoran, CA	6/14/79	LSC
Mercy Hospital Portland, ME	6/19/79	LSC, Physical Environment

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Hospital	Date of Survey	Medicare Conditions Out of Compliance
Delaware County Memorial Hosp. Drexel Hill, PA	6/21/79	LSC
Memorial Hospital South Bend, IN	6/27/79	LSC
Rockingham Memorial Bellows Falls, VT	7/16/79	Emergency Services, Physical Environment
Our Lady of Bellefonte Hospital Ashland, KY	7/20/79	Medical Staff, Nursing, Laboratories
Glover Memorial Hospital Needham, MA	7/30/79	LSC
North Kansas City Memorial Hosp. Kansas City, MO	8/7/79	LSC
Community Hospital of Anaconda Anaconda, MT	8/28/79	LSC
University of South Alabama Medical Center Mobile, AL	8/28/79	LSC, Medical Staff
Braddock General Hospital Braddock, PA	8/29/79	LSC
Bethany Medical Center Kansas City, KS	9/18/79	LSC
St. Francis Medical Center Cape Girardeau, MO	9/26/79	LSC, Nursing, Complementary Departments, Emergency Services, Social Work

ATTACHMENT XIII

COMPLAINT INVESTIGATION SURVEYS
JCAH ACCREDITED HOSPITALS CURRENTLY UNDER STATE AGENCY SURVEILLANCE
51 Hospitals
Survey Period: January 1, 1974 through September 30, 1979

Hospital	Date of Survey	Medicare Condition Out of Compliance
Stephenville Hospital and Clinic Stephenville, TX	9/3/74	LSC
Central Hospital Somerville, MA	2/3/75	LSC
Bournewood Hospital Brookville, MA	6/3/75	LSC
Houston County Hospital Crockett, TX	3/16/76	LSC
Laguna Honda Hospital San Francisco, CA	4/15/76	LSC
Chinese Hospital San Francisco, CA	5/11/76	LSC
Clinton Valley Center Pontiac, MI	5/26/76	Nursing
United Hospital Medical Center of Neward-Presbyterian Unit Newark, NJ	7/14/76	Nursing
Boston Hospital for Women Boston, MA	7/21/76	LSC
Tidelands General Hospital Channelview, TX	7/22/76	LSC
University Hospital Boston, MA	7/30/76	LSC
Roseland Community Hospital Chicago, IL	9/29/76	LSC
Chicago Read Mental Health Center Chicago, IL	10/27/76	LSC
Thomas Jefferson University Hospital Philadelphia, PA	12/16/76	LSC

ATTACHMENT XIII

Hospital	Date of Survey	Medicare Condition Out of Compliance
Jewish Memorial Hospital Roxbury, MA	2/8/77	Medical Staff
St. Agnes Hospital White Plains, NY	2/28/77	LSC
Mount Vernon Hospital Mount Vernon, NY	4/1/77	LSC
Union Hospital Bronx, NY	4/5/77	LSC
Kingsboro Psychiatric Center Brooklyn, NY	4/5/77	LSC, Dietary
Knapp Memorial Hospital Weslaco, TX	4/21/77	Nursing
Huth Memorial Hospital Yoakum, TX	4/28/77	Nursing, Complementary Departments, Emergency Service
Hubbard Regional Hospital Webster, MA	5/10/77	Medical Records
Wishard Memorial Hospital Indianapolis, IN	5/13/77	LSC
Brownsville Medical Center Brownsville, TX	7/26/77	LSC
Harborview Medical Center Seattle, WA	8/25/77	LSC
St. Joseph's Hospital Philadelphia, PA	11/29/77	LSC
Holzer Medical Center Gallipolis, OH	12/19/77	LSC
Forest City Hospital Cleveland, OH	12/19/77	LSC, Laboratory
Guernsey Memorial Hospital Cambridge, OH	12/19/77	LSC
Kaiser Foundation Hospital Cleveland, OH	12/19/77	LSC

Hospital	Date of Survey	Medicare Condition Out of Compliance
Community Memorial Hospital Moberly, MO	2/2/78	LSC
Bergen Pines County Hospital and Psychiatric Center Paramus, NJ	3/30/78	Pharmacy
Sydenham Hospital New York, NY	4/6/78	LSC, Nursing
Allegheny General Hospital Pittsburgh, PA	4/26/78	LSC
Dallas County Hospital District, Parkland Dallas, TX	6/15/78	Nursing
Permian General Hospital Andrews, TX	8/15/78	Nursing
Rusk State Hospital Rusk, TX	9/6/78	Special Staffing
Oak Cliff Medical and Surgical Hospital, Inc. Dallas, TX	11/6/78	Nursing
Mendocino Community Hospital Ukiah, CA	11/7/78	LSC
Arizona State Hospital Phoenix, AZ	11/17/78	Nursing, Dietary, Special Staffing, Special Medical Records
Parkview Episcopal Hospital Pueblo, CO	11/24/78	Medical Staff, Medical Records
Lee County Hospital Sanford, NC	11/27/78	Pharmacy
Hall-Brooke Hospital Westport, CT	12/5/78	LSC
Municipal Hospital Port St. Joe, FL	12/6/78	Laboratory Services
St. Margaret's Hospital Montgomery, AL	2/8/79	Physical Environment

ATTACHMENT XIII

Hospital	Date of Survey	Medicare Condition Out of Compliance
Los Angeles County Harbor UCLA Medical Center Torrance, CA	2/16/79	LSC
Marian Health Center Sioux City, Iowa	3/7/79	Physical Environment Nursing
University Hospital Seminole, FL	3/13/79	Dietary
St. Agnes Medical Center Philadelphia, PA	5/19/79	LSC
Easton Hospital Easton, PA	5/29/79	Governing Body Nursing, Outpatient Department
East Jefferson Hospital Metaire, LA	7/30/79	State and Local Laws, Pharmacy, Complementary Department (Surgery)

ATTACHMENT XIV

COMPLAINT INVESTIGATION SURVEYS
HCFA CERTIFICATION-JCAH ACCREDITATION DECISIONS
BY SURVEY PERIOD

	SURVEY PERIOD October 1, 1974 - September 30, 1975		SURVEY PERIOD July 1, 1976 - September 30, 1978		SURVEY PERIOD October 1, 1978 - September 30, 1979	
	Number	Percent	Number	Percent	Number	Percent
Complaint Investigation Survey Decisions						
Hospitals in Compliance	112	75	132	63	104	83
Hospitals Out of Compliance	38	25	76	37	21	17
Surveys Performed	150	100	208	100	125	100
Reasons for Noncompliance						
Hospitals Out of Compliance with Life Safety Code Only	25	66	25	33	4	81
Hospitals Out of Compliance with Life Safety Code and at least one Condition of Partioipation	5	13	10	13	0	0
Hospitals Out of Compliance for reasons other than Life Safety Code	8	21	41	54	17	19
	38	100	76	100	21	100
JCAH Accreditation Decisions						
For Hospitals Found Out of Compliance by HCFA	NOT AVAILABLE		NOT AVAILABLE			
Two year accreditation					14	67
One year accreditation					7	33
Accreditation Removed					0	0
					21	100

FIRE SAFETY EVALUATION SYSTEM

FOR

HEALTH CARE FACILITIES

(Work Sheets and Manual)

Appendix D, NBSIR 78-1555

Revised March, 1980

Center for Fire Research

National Bureau of Standards

The Fire Safety Evaluation System for Health Care Facilities has been prepared by the Center for Fire Research, NBS, as part of the HEW/NBS Life Safety/Fire Safety Project.

NBSIR 78-1555

Preface to Revision of March, 1980

Purpose

This revision updates the subject evaluation system to correct a series of minor editorial and technical oversights in the original document and makes one significant numerical change in the parameter charge in Table 4 of the Fire/Smoke Zone Evaluation Worksheet for Health Care Facilities. The revision changes the basic charge for lack of any smoke control system from (-2) to (-5). All of the adjustments covered in this issuance occur in Appendix D, Instruction Manual; The Fire/Smoke Zone Evaluation Worksheet for Health Care Facilities; or the Facility Fire Safety Requirements Worksheet. Attached is a complete revised reprinting of Appendix D and the two forms.

Background

The National Bureau of Standards report, NBSIR 78-1555, A System for Fire Safety Evaluation of Health Care Facilities was issued in November, 1978. Following the publication, a training course was set up through the auspices of the Office of Public Education of the United States Fire Administration. This training course has provided a series of week long training sessions and orientations at various locations throughout the country. The participants in the training exercises have been representatives of the engineering and architectural disciplines in the 10 regional offices of Facility Engineering of HEW, similar representation of certification officials from the 10 regional offices of the Health Care Financing Administration of HEW, and the officials in charge, surveyors, and inspectors from the Life Safety Code certifying agencies from all 50 of the states. During the course of these training sessions sample problems were worked, the operation of the evaluation system was studied, and typical analysis was made. The working of sample problems provided field personnel with both an understanding of how the Fire Safety Evaluation System works and extensive insight in the type of alternative solutions that can be produced.

During the course of this exercise a number of improvements to understanding and organization were made. Most of these make no technical change in the evaluation system and are included in the attached redraft with a marginal bar to indicate the point of revision. There was however one repetitive concern raised by the course participants regarding one item in the system. The propriety of the relatively "modest" negative charge of (-2) for the lack of a smoke partition in item 9 on Table 4, Safety Parameter Values was raised.

In view of the express concern, the computer program described in Appendix C of NBSIR 78-1555 was used to examine all of the alternatives allowed under the present arrangement involving a (-2) charge, those alternatives that would be available if this charge were revised to a more negative number. These reviews showed that it would require that the (-2) charge be revised to a level of (-5) before any significant change in the resultant requirements could occur. The computer printouts, the present state of requirements, the potential future requirements were reviewed with the NBS Delphi Group who recommended a revision of the parameter value to (-5). A review of the conclusion of the Delphi Group and the supporting information was then circulated by mail to all of the members who had participated in the consultant advisory group, and the NFPA working group (Task Force of the Standing Subcommittee on Health Care of the NFPA Committee on Safety to Life). All members of these groups either responded by mail or were contacted by phone for comment. Several of the representatives of the review group presented amplifying comments but all found the proposal of the Delphi Group an acceptable increase in the negative charge. The result is a step towards safety conservatism while maintaining the system flexibility. The comments presented by the outside groups were then again presented to the NBS Delphi Group for final review. The result is as published herein.

Action

Users of the Fire Safety Evaluation System should replace their present versions of Appendix D and their present version of the Fire Safety Evaluation System Worksheets with the attached document.

APPENDIX D

INSTRUCTION MANUAL

This manual is provided to assist in completion of the Fire/Smoke Zone Evaluation Work Sheet for Health Care Facilities. The step by step instructions for the mechanics of completing the work sheet are included in the work sheet itself. They are not repeated in this manual. This manual provides expanded discussion and definition of the various items in the work sheet to assist the user when questions of definitions or interpretation arise. The manual is organized to progressively follow the format of the work sheet.

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NOTE: The paragraph references within this manual are to the 1973 Edition of the Life Safety Code.

APPENDIX D

INSTRUCTION MANUAL

This manual is provided to assist in completion of the Fire/Smoke Zone Evaluation Work Sheet for Health Care Facilities. The step by step instructions for the mechanics of completing the work sheet are included in the work sheet itself. They are not repeated in this manual. This manual provides expanded discussion and definition of the various items in the work sheet to assist the user when questions of definitions or interpretation arise. The manual is organized to progressively follow the format of the work sheet.

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NOTE: The paragraph references within this manual are to the 1973 Edition of the Life Safety Code.

Fire/Smoke Zone - A fire/smoke zone (zone) is a space which is separated from all other spaces by floors, horizontal exits, or smoke barriers. Where a floor is not subdivided by horizontal exits or smoke barriers the entire floor is the zone.

NOTE: Patient sleeping rooms or suites exceeding 1,000 square feet of floor area should be evaluated as follows:

a. If the room or suite has a single exit access door, it should be evaluated as a single dead-end zone.

b. If the room or suite has 2 or more exit access doors, it should be evaluated as either a room in a zone or as a separate zone, whichever gives the better (higher) rating.

Selection of Zones to be Evaluated - For a complete evaluation, every zone in the health care facility should be evaluated individually. From a practical standpoint most health care facilities have repetitive arrangements so that a complete picture can be developed by evaluating typical zones until all combinations are evaluated. The zones selected should include:

A. Each type of patient zone having a different type of mobility, density, or attendant ratio as classified in Table 1 of the work sheet.

B. Each zone that represents a significantly different type of construction finish, or protection system.

C. Zones containing special medical treatment or support activities (operating suites, intensive care units, laboratories).

D. Zones not involving housing, treatment, or customary access for patients as follows:

1. Any zone, whether used for patient egress or not, may be evaluated on the same basis as a patient use zone. In such case the value of factor F in Table 2 shall be assigned the value of factor L (Fire Zone Location) from Table 1. In such cases Item 10, Emergency Movement Routes shall be graded "Deficient Capacity" if the exit capacity is less than that prescribed for the actual occupancy of the space and as "< 2 routes" if less than 75% of the prescribed exit capacity is present.

2. If the zone is separated from all patient use zones by two hour fire resistive construction (including any members that bear the load of a patient zone and with Class B fire doors on any communicating openings), it may be excluded from evaluation. In such case that space shall conform with the portion of the Life Safety Code appropriate to its use. In addition appropriate charges under Item 8, Hazardous Areas, in Table 4 shall be charged against other zones in the facility.

Maintenance - Any protection system, requirements, or arrangement which is not maintained in a dependable operating condition or is used in such a manner that the intended fire safety function or hazard constraint is impaired should be considered as defective and receive no credit in the evaluation.

Table 1

Occupancy Risk (General Discussion) - In establishing a system for evaluating occupancy risk, it is recognized that: (1) there is a basic level of risk inherent in every health care facility; (2) that the fuel characteristics of furniture, equipment, and supplies vary with time; and (3) that the arrangement of these items within the space available also may vary with time.

Consequently, these three factors are not included as parameters in a safety equivalency measurement. To account for these factors, the occupancy risk base line is set at the inherent risk level with the presumption that the furniture, equipment and supplies will be the most combustible and adversely located (from a fire safety standpoint) of those normally found in health care facilities.

1. Patient Mobility

The single most important factor controlling risk in a health care facility is the degree to which patients must be assisted in taking actions necessary for their safety. The level of capability in health care facilities will vary from patients who, if informed or directed, will be able to take positive self-protecting actions to those patients who have no ability to move or even to take the simplest actions to safeguard themselves. In some cases patients may be directly connected to a fixed life support system and so intimately dependent upon it that regardless of their physical condition or the availability of assistance they cannot be moved without jeopardy of death or serious harm. In the measurement of occupancy risk factors the least mobile category of patient expected in the zone determines the risk factor for that zone. The rationale for this approach is that if a zone accepts any patient with a reduced mobility status it may at any time increase the number of those patients. The impact of this approach will be that most health care facilities will be rated in the "not mobile" risk category.

Mobility Status - Patient mobility status is based on the capability of each patient to take actions necessary to protect himself. The four classes are defined as follows:

A. Mobile - Capable of readily rising from bed and taking self-protecting actions at approximately the same rate as a healthy adult. In order to be classified as mobile the patient must not require assistance in getting out of bed and must be able to open a closed or locked door. Mobile persons when sleeping shall be considered as mobile if they are not restrained or in any other way reduced in response capabilities so that the type of arousal mechanism that would normally awaken an adult would not be affected.

B. Limited Mobility - Those patients who have all of the capabilities of a mobile person except that their rate of travel will be significantly less.

C. Not Mobile - Incapable of removing themselves from danger exclusively by their own efforts. Examples would include persons who are totally bedridden, who require assistance to get out of bed or to move, or who are restrained, locked in their rooms, or otherwise prevented from taking complete emergency self protection evacuation actions without assistance. Mobility status should be based on the minimum level of mobility in an average 24 hour period.

D. Not Moveable - Not capable of being moved from the room in which they are housed through the course of a fire. Examples would include patients attached to life support systems or involved in medical or surgical procedures that prohibit their immediate relocation without extreme danger of death or serious harm.

2. Patient Density

The occupancy risk evaluation for occupancy density (number of patients within the zone) measures both the inherent increase in the maximum fire death potential that occurs as the number of patients in a zone increases, and the problems involved by a limited staff in handling larger numbers of patients during an emergency.

Patient Factor - The density of patients is the number of patients that could potentially be housed in the zone. The patient count should be based on the number of assignable beds in the zone on the assumption that they may all be occupied at the time of the fire emergency.

3. Zone Location

This risk factor relates to fire department accessibility to a fire. The rating system recognizes the inherent advantages of a first floor zone. It also recognizes the problems of evacuation from higher floors and the virtual impossibility of using external fire fighting efforts above the 6th floor in any building.

Floor Factor - The measured zone's location shall be considered to be on floor 1 if the floor has direct access to the exterior at or within less than 1/2 floor height above or below grade. If a building is on a sloping grade, each floor that has such exterior access shall be considered as a first floor situation for measurement of fire zones on those floors. The measured zone shall be considered on the second to third floor range, the fourth to sixth floor range, based on the height of the zone above the nearest grade floor. The zone shall be considered to be above the sixth floor if it is more than six floors above the nearest grade floor. The risk factor value for zones in basements is the same as for zones at or above the 7th floor. The problems involved in emergency internal access, fire fighting and rescue, and the inability to make

external attack in basements is approximately equivalent to that in upper stories of buildings.

4. Ratio of Patients to Attendants

This risk factor recognizes the importance of patient safety of a staff immediately available to respond in an emergency. The emergency actions that may be undertaken by the staff include detection, alarm, fire extinguishment, confinement of the fire, establishing barriers between the patients and the fire (closing patient room doors), rescue, emergency medical aid, and other related functions. A few of these functions, such as detection and alarming, may not be critically related to the ratio of nursing staff to patients while those related to rescue and the closing of patient room doors have a strong relationship to the staffing ratio. The staff ratio considered is based on the minimum staffing level immediately available (normally night hours).

Patients-Attendants Factor - The ratio of patients to attendants is based on those patients in the fire/smoke zone and the immediately available attendant staff. In calculating the ratio it shall be based on the minimum staffing level (usually occurring in the night shift). Where nursing stations or other positions of attendants are located at the junction of two or more zones and the location of the station is such that each of the zones has immediate access and view of the nursing station, then the total staffing assigned to the nursing station can be credited to each of the zones. An exception is where staff members are bound by duty assignments (cardiac care units, infant nurseries, operating suites, etc.) that prevent them from responding to other than their assigned zone.

The evaluation system assesses a charge of 4.0 to this risk factor in any case where there are periods when there are no attendants immediately available to a zone that houses patients.

5. Patient Average Age

This risk factor recognizes the increased susceptibility of the elderly and of infants up to one year of age to physical harm by smoke particles, gaseous combustion products and heated air. This rating assigns a larger risk factor to zones occupied by a population whose average age is above 65 or below one year. Basically, imposition of this charge demands additional safety protection in nursing homes for the aged and nurseries.

Age Factor - The mode value is used to arrive at the age factor for the patients in the zone. The calculation should be based on the past record of occupants assigned to the zone. Patients under one year old are classified at the same risk level as those over 65. This is in recognition of the fire susceptibility of infants.

Table 4

Safety Parameters (General Discussion) - The safety parameters are a measure of those building factors that bear upon or contribute to the safety of those persons (patients, staff, visitors, others) who may be in the particular zone at the time of a fire.

Each of the safety parameters are analyzed. Where the current Code requirements recognize several different approaches to the parameter, the most important alternatives were listed. In addition, conditions likely to be encountered in situations failing to meet the explicit Code requirements, and conditions exceeding those required by the Code but available for increased protection were also listed.

1. Construction

Construction types are classified in accordance with the definitions of NFPA Standard No. 220 (1961 edition). Table D-1 is an abstract of the specific framing and material requirements for each of the classes of construction noted.

The requirements of NFPA Standard No. 220 for "interior partitions enclosing stairways or other openings through floors" are not to be considered in the construction classification. These floor openings and their protection are separately evaluated under safety parameter 7, Vertical Openings.

Where the facility includes additions or connected structures of different construction the rating and classification of the structure shall be based on (a) separate buildings if a two hour or greater fire resistive separation exists between the portions of the building and on (b) the lower safety parameter point score involved if such a separation does not exist.

The floor level used to determine the parameter value is the floor of the fire zone being evaluated. The "Floor of Zone" is the story height above the floor of lowest exit discharge.

When the zone is on a floor below the floor of lowest discharge, the construction value shall be based on the distance of that floor from the closest level of discharge, i.e.: one floor below discharge = "Second"; two floors below discharge = "Third"; three or more floors below discharge = "Fourth and above."

2. Interior Finish (Corridor and Exit)

The classification of flame spread for corridor and exits is in accordance with the categories specified in the Life Safety Code and defined in Table D-2. The flame spread classification shall be based on the most combustible surface after deleting trim. No allowance is made in the Safety Parameter Values for Class D or E interior finishes. It is not anticipated that such material will be used in health care facilities. In the rare case such high flame spread interior finish material is involved an individual appraisal, outside the capability of this evaluation system, will be required.

3. Interior Finish (Rooms)

The same classification of interior finish applies to rooms as to corridors and exits. The specific definitions are in Table D-2. The flame spread classification shall be based on the most combustible surface after deleting trim. No consideration is included in the Safety Parameter Values for Class D or E interior finishes. It is not anticipated that such material will be used in health care facilities. In the rare case such high flame spread interior finish material is involved an individual appraisal outside of the capability of this evaluation system will be required.

4. Corridor Partitions/Walls

For the purpose of this evaluation, the fire resistive partitions considered are solely those between use areas and the corridors. All elements of the partition, except the door (considered as a separate element in this evaluation), must be included in the determination of its time-rated fire resistance classification, according to NFPA 251. See Table D-3. An exception to the general rule of evaluating doors separate from walls occurs when one or more rooms has no door (see Safety Parameter 5). In this instance it is considered that the worth of the fire resistance capabilities of the corridor partition wall is so reduced that the wall should be graded as having no fire resistance. The mechanism for doing this is incorporated into the Fire Safety Evaluation Worksheet.

Walls shall be considered as incomplete if they have unprotected openings (louvers, gaps, transfer grills) between the floor and the ceiling, or have ordinary glass lights.* If openings exist above the ceiling level (or even if the partitions stop at the ceiling level) the walls shall be considered as complete if the ceiling within the fire/smoke zone is of monolithic constructions designed to resist the passage of smoke and there is a smoke tight joint between the top of the partition and the bottom of the ceiling. The fire resistive rating in this parameter shall be based on the lowest fire resistance level involved in the corridor partition or the monolithic ceiling. In such cases the ceiling and the corridor walls jointly perform the fire and smoke barrier functions normally expected of a corridor wall which extends from the floor slab to the underside of the floor or roof slabs above.

Walls shall be considered to have less than a 1/3 hour fire resistance rating if they are not equivalent to 1/2 inch gypsum wall board on both sides of studs (even if they extend at least from floor to ceiling) or if they are not continuous above the ceiling to the underside of the floor or roof (or floor or roof assembly) above, through any concealed space such as above a suspended ceiling and through interstitial structure

*Ordinary glass lights shall not be considered as making a partition incomplete in locations where both sides of the glass light are fully protected by automatic sprinkler systems.

and mechanical spaces. Partitions shall also be rated as less than 1/3 hour if they are not incomplete but other defects are involved or the criteria in Table D-3 are not met.

Fire resistive partitions shall be considered as between 1/3 and 1 hour if they meet all the criteria for continuity of construction and the criteria of Table D-3 and have a fire resistance of between 20 minutes and 1 hour.

5. Doors to Corridor

The classification of doors to the corridor shall be based on the minimum quality of any door in the zone and the classification shall be determined in accordance with NFPA 252. Doors for protection of hazardous areas and stairwells are not included in this evaluation. They are covered separately in safety parameter items 7 and 8.

A. No Door - A room shall be considered as not having a door if there is no door in the opening or if there is some other mechanism which prevents closing of the door or otherwise leaves a significant opening between the patient room and the corridor. Doors with louvers or ordinary glass lights* shall be classified as "no door". Doors which have been blocked open by door stops, chocks, tie backs or other devices which require manual unlatching or releasing action to close the door shall be classified as "no door". Also doors that are not provided with a latch or other device suitable for keeping the door tightly closed shall be classified as "no door".

B. Door Less than 20 Minutes of Fire Resistance - Doors which are not deficient as described in A, but which do not meet the requirements for C below, will be classified as less than 20 minutes of fire resistance.

C. Door 20 Minutes or More Fire Resistance - Doors shall be considered as having 20 minute or greater fire resistance if they are of 1 3/4" thick solid core wood construction or any other arrangement of equal or greater stability and fire integrity. The thermal insulation capability of the door is not considered. Hollow or sheet steel doors therefore meet the 20 minute requirement.

*Ordinary glass lights shall not be considered as making a partition incomplete in locations where both sides of the glass light are fully protected by automatic sprinkler systems.

D. 20 Minutes or More Fire Resistance and Automatic Closing - Automatic closing devices shall be considered present if the door has an arrangement which holds them open in a manner such that they will be released by a smoke detector operated device (e.g. magnetic or pneumatic hold open device) prior to the passage of significant smoke from a room of fire origin into the corridor or from the corridor into a room not involved in the fire. Smoke detectors for operation of such doors may be integral with the door closers, mounted at each opening, or operated from systems meeting the requirements for 2 or more point credit under parameter item 12, Smoke Detection and Alarm. The requirement for 20 minutes of fire resistance is the same as in C above.

Self Closing Patient Room Doors - Traditional self closing doors on individual patient rooms shall be evaluated in the following manner:

1. If it can be established that the doors are constantly kept in the normally closed position except when persons are actually passing through the openings the self closing device shall be considered as equal to an automatic closing device and credited accordingly.

2. If the self closing doors are blocked open they shall be classified as "no door" and a charge of (-10) invoked.

6. Zone Dimensions

Zone length is the greatest straight line dimension of the fire/smoke zone. (See paragraphs 10-1311(b) and 10-2311(b)).

The length of a corridor "dead end" shall be measured from the point at which a person egressing from the dead end would have an option of egressing in two separate directions.

In assessing the values for this parameter, a single value will be chosen based on the poorest safety level in the zone. For example, if one or more dead ends in excess of 30 feet exists, the charge for dead ends (-4) shall be applied regardless of the actual corridor lengths.

Since dead end corridors and single emergency movement routes (covered in item 10, Emergency Movement Routes) will each confine the occupants of a fire zone to a single means of egress, the charges for these two items are not cumulative. As indicated by the footnote on the safety parameter values page in the Fire Safety Evaluation Worksheet, the charge for dead end corridors is to be a value of 0 instead of either (-4) or (-6) in the special case where a charge of (-8) is assessed under item 10 for single emergency movement routes.

7. Vertical Openings

These values apply to vertical openings and penetrations including exit stairways, ramps and other vertical exits of the type recognized

by the Life Safety Code, pipe shafts, ventilation shafts, duct penetrations, and laundry and incinerator chutes. Enclosures shall be of construction having fire resistance not less than that prescribed for vertical openings (see safety parameter item 7). In addition, they shall be equipped with fire doors or acceptable protection of openings into the shafts all so designed and installed as to provide a complete barrier to the vertical spread of fire or smoke. A vertical opening or penetration shall be classified as open if it is: (a) unenclosed; (b) is enclosed but does not have doors; (c) is enclosed but has openings other than doorways; (d) is enclosed with cloth, paper or similar materials without any sustained flame stopping capabilities.

Where vertical openings are located outside the fire/smoke zone and the separation between the zone and vertical opening is of 1-hour or greater fire resistance and is of higher fire resistance than the protection of the vertical opening itself, (for example: an open shaft separated from the zone by a two hour fire resistive partition with Class B self closing fire doors) the rating of this factor for the zone being measured shall be based on the higher of the two fire resistant categories. In the above example, a safety parameter value of 3 would be given for the two hour fire resistance. When this occurs however the space within the vertical opening cannot be considered as an exit route or refuge area for that zone when considering safety parameter 10, Emergency Movement Routes.

A vertical opening shall be considered as open for greater than three floors if there is unprotected penetration of four or more floors on the same shaft without an intervening slab or other cutoff. (Also see same area as an unprotected penetration covered in the discussion of item 13, Automatic Sprinklers). If a shaft is enclosed at all floors but one and this results in an unprotected opening between that shaft, and one and only one fire/smoke zone the parameter value assigned for that shaft opening in that fire/smoke zone shall be zero [0].

8. Hazardous Areas

Hazardous areas protection is determined in accordance with Section 6-5 of the 1973 Life Safety Code. In assessing the charge for hazardous areas only one charge shall be made. It shall be the most severe charge corresponding to the deficiencies present. A double deficiency can exist only where the hazard is severe and the space is not sprinkler protected. Double protection consists of both a fire resistive enclosure and automatic sprinkler protection of the hazardous area. If both of these are lacking for a severe hazardous location, the double deficiency charge shall be made. If double deficiencies exist both in the zone and outside the zone, the higher charge (-11) for the condition inside the zone shall be made. The charges are not cumulative regardless of how many hazardous areas are present.

Where the hazard is not severe, the maximum deficiency that can occur is a single deficiency which may be countered by either a fire resistive enclosure or automatic extinguishment equipment.

A single deficiency situation will also be considered to exist when a severe hazard is either protected by automatic extinguishing systems or by fire resistive enclosure but not by both.

The term "Adjacent Zone" as used in the evaluation form means any zone, either on the same floor or on the floor immediately below, that physically abuts the zone being evaluated and is not separated by two hour fire resistive rated construction.

The term "Outside Zone" as used in the evaluation form means any place within building other than the fire/smoke zone being measured.

Table D-4 is abstracted from paragraph 10-1371 of the 1973 Life Safety Code and provides guidance in identifying hazardous and severely hazardous areas.

9. Smoke Control

Smoke Control - The smoke control definitions are as follows:

A. No control. There are no smoke barriers (or horizontal exits) on the floor and there is no mechanical smoke control system.

B. Smoke partition. A smoke partition consists of a partition extending across the entire width of the zone equipped with doors that are either self closing or are closed upon detection by smoke detectors located at the door arches or other release mechanism as described in paragraph 5-2134. To be credited as a smoke partition an existing partition must also conform with the requirements of paragraphs 10-2312 through 10-2315 of the Life Safety Code. New smoke partitions in either new or existing buildings must meet the more stringent requirements of paragraphs 10-1313 through 10-1318 of the Life Safety Code. A horizontal exit will act as a smoke partition and is credited as both a smoke partition (item 9) and an emergency movement route (item 10).

C. Mechanically assisted systems - by zone. Mechanically assisted smoke control on a zone basis must include a smoke partition as in B above supported by a mechanism of automatic controlled fans, smoke vent shafts, or a combination thereof to provide a pressure differential that will assist in confining the smoke to the zone of origin. The fans involved may be special smoke control fans or special adjustment of the normal building air movement fans.

D. Mechanically assisted systems - by corridor. Mechanically assisted smoke control on a corridor basis is a system initiated by a method of smoke detection that will assure operation of the smoke control system before significant smoke has entered into the corridor of the zone. The mechanism must be capable of pressurizing the corridor in the zone sufficiently to prevent smoke from the room of origin entering the corridor through the entire course of the fire.

For such a system to be effective it must be able to hold back the smoke through the expected maximum severity of the fire. This type of smoke control system must also have the capability of evacuating smoke from the corridor on the presumption that the emergency evacuation procedures and other activities involving the opening and closing of doors will cause occasional brief periods of overpowering of the smoke control system and movement of smoke from the fire area into the corridor. This would normally necessitate early warning smoke detectors, automatic door closers, and/or sprinklered protection. Where such is the case the individual credits for each of the involved protection devices are additive to the credits for the smoke control system.

10. Emergency Movement Routes

A movement route is any means of egress meeting the requirements for such means in Sections 5-3 through 5-10 of Chapter 5 of the 1973 Life Safety Code excluding only fire escapes, fire escape ladders Section 5-92 and slide escapes 5-93. Horizontal exits shall also meet the requirements stated below. Doors exiting directly to the exterior shall also constitute a movement route for the room containing such a door.

A. $<$ 2 Routes - The emergency movement means from a zone is classified as less than two routes if there are not two or more movement routes serving it. Movement routes may be outside the physical limits of the zone.

B. Multiple Routes - The emergency movement route is multiple if the zone occupants have the choice of two or more distinctly separated movement routes from the zone.

C. Deficient Capacity - The egress route shall be considered as deficient in capacity if the door to a patient room or passage through a smoke barrier is less than 34" (44" in new buildings) in clear or if the corridor in the zone between patient rooms and smoke barriers and exits is less than 48" (8 feet in new buildings) in clear width. These figures are based on the minimum width for a wheelchair to egress a room and the minimum width for the passage of a wheelchair in one direction and an ambulatory person in the opposite direction. Exit routes shall also be considered deficient if any of the dimensional details are less than that required by the Life Safety Code for the egress route involved. However any route where the doors from rooms or through partitions or walls are less than 32 inches in the clear, where the corridor(s) involved are less than 34 inches wide or where stair or stair access is less than 28 inches in the clear shall not be credited as an egress route. Exit routes shall also be considered deficient in capacity if they are not provided with emergency lighting in accordance with Section 10-2271.

D. Horizontal Exit - The presence of a single horizontal exit from the zone being evaluated shall be considered meeting this requirement provided the space on the opposite side of the horizontal exit is capable of handling all of the patients from affected zones. To be credited as a horizontal exit the existing arrangement must also conform with the requirements of 10-2261 of the Life Safety Code. New horizontal exits in new or existing buildings must meet the more stringent requirements of paragraph 10-1261 of the Life Safety Code.

E. Direct Exits - To be credited with direct exits, each patient use space (except bathrooms, restrooms, and corridors) in the zone shall have a door operable by the room occupant(s) that opens directly to the exterior at grade or onto an exterior balcony with direct access to an exterior exit or a smoke proof tower. To be credited, the direct exit must be ramped or otherwise without steps or changes in elevation that would prevent or obstruct the movement of wheelchairs or wheel littered patients through the direct exits to a place of safety and refuge.

11. Manual Fire Alarm

The manual fire alarm systems for new construction shall be in accordance with the requirements of paragraphs 10-1361 and 10-1284. Existing construction shall be in accordance with paragraph 10-2351. Connection to the Fire Department shall be considered as being met if the fire alarm system is connected directly to the Fire Department, through an approved central station, or through other means acceptable to the authority having jurisdiction.

12. Smoke Detection and Alarm

A detection system as used here is one based on use of smoke detectors. No recognition is given for thermal detectors. The detection system categories are as follows:

A. None - There are no smoke detectors in the zone.

B. Corridor Only - Smoke detectors located in the corridor shall be considered as meeting the requirement if the detectors are within 15 feet of each end of the corridor and not more than 30 feet apart throughout the corridor. All such detectors shall be electrically interconnected with the fire alarm system. If the facility does not have a fire alarm system, no credit shall be given to the detectors unless they include an alarming system that meets the requirements for alarming that would be involved with a manual fire alarm system. This includes audible alarm devices throughout the building.

C. Rooms Only - Smoke detectors shall be considered as meeting this requirement when there is at least one smoke detector in each room occupied or used by patients. In rooms having a dimension in excess of 30 feet additional detectors shall be provided so that detector spacing does not exceed approximately 30 feet. Detectors are not required in restrooms or closets. Detectors intended for operation of door closing mechanisms that are located on the patients' side of the door or in the door opening are considered as meeting this requirement for rooms of 500 square feet or less.

D. Corridor and Habitable Spaces - Detection systems installed throughout the corridors of the zone involved and in the habitable spaces (patient rooms, nurses stations, and other areas basically used for human occupancy) shall be considered as meeting the requirements for a corridor and habitable spaces detection system. Closets, toilet rooms, and other auxiliary spaces as well as ceiling voids, interstitials and other building space not used by humans as a normal part of their regular occupancy are not required to have detectors.

E. Total Zone - Total zone provision of detectors includes detector coverage of all spaces except noncombustible building voids which contain no combustible materials. The total zone credit is to be given if the zone measured meets this criteria regardless of the presence or lack of detectors in other portions of the building.

13. Automatic Sprinklers

In evaluating sprinkler protection within the zone, the protection or lack of protection of hazardous areas is considered separately and covered under safety parameter 8. For all other areas in the zone, sprinklers shall be graded on the following basis:

A. None - No charge is applied if there are no sprinklers or if sprinklers, though present, are not sufficient to qualify for one of the other categories listed herein.

B. Corridor* - The safety parameter value of 2 for corridor sprinklers is to be awarded only where the corridor is protected by a specially designed corridor system in which the sprinkler heads are placed according to their individual spray patterns and in consideration of the flow hydraulics of the sprinkler system. This special design must assure that there is an automatic sprinkler head outside each patient room so positioned that the spray pattern from that head will completely cover the entrance to the protected doorway. This degree of sprinkler protection is based on the amount of sprinkler protection in the measured zone whether or not areas outside the fire zone are similarly protected.

*Corridor sprinkler protection is credited only in buildings classified as "protected" or "fire resistive" in safety parameter no. 1, Construction.

C. Corridor and Habitable Space* - This credit is based on standard sprinkler spacings in the areas covered and is conditional on the classification of construction type as covered in Safety Parameter Item 1, Construction, as follows:

1. Item 1, Construction, is based on a "Protected" or "Fire Resistive" type of construction. This credit is based on a system that effectively provides coverage for all corridor and habitable space in the zone plus the establishment of water distribution patterns or other protection in a manner to prevent advance of fire from non-sprinklered spaces into the sprinklered spaces. In buildings of protected or fire resistive construction, the credit is to be applied to any zone where the above conditions are met whether or not areas outside the zone are similarly protected.

2. Item 1, Construction is based on an "Unprotected" type of construction. In any unprotected type of construction the credit for the corridor and habitable space protection is to be given only if, in addition to the conditions described in (1) above, sprinkler protection is also provided in all spaces in the building (including attic or loft spaces) with construction elements that are not sheathed, enclosed, or otherwise protected with fire resisting materials such as gypsum board, plaster, or masonry block.

D. Total Bldg. - Total bldg. automatic sprinkler protection is to be credited only if the entire structure is protected by automatic sprinklers in accordance with Section 6-41 of the Life Safety Code.

Wherever sprinkler protection is involved in an area having an unprotected vertical opening, the sprinkler protection around that vertical opening must conform with one of the approved methods outlined either in Chapter 6 of the Life Safety Code or in NFPA Standard No. 13. This protection is required to allow the credit for sprinkler protection but shall in no way reduce any change under safety parameter 7 resulting from an unprotected vertical opening.

In Table 5 of the Fire Safety Evaluation Form, (Individual Safety Evaluations) the value for sprinkler protection credited to the people movement safety (S3) category is divided by 2. This produces a safety value only 1/2 the value credited in other categories. This is in recognition of the ability of sprinkler protection to control, confine, and frequently extinguish fire while recognizing its limitation in preventing or controlling the spread of smoke.

*Habitable space includes patient rooms, nurses stations, and other areas basically used for human occupancy. Habitable space does not include closets, bathrooms, and toilets, elevators, and similar spaces.

Each sprinkler system shall be provided with supervision. Each sprinkler system shall be electrically inter-connected with the fire alarm system and the main sprinkler control valve shall be electrically supervised so that at least a local alarm shall sound in a constantly attended location when the valve is closed.

Table D-1 Construction Types

The construction types are defined per NFPA 101 reference to NFPA 220-1961 edition. They consist of:

a. Wood Frame Construction (Unprotected)

Definition - That type of construction in which exterior walls, bearing walls and partitions, floor and roof constructions and their supports are of wood or other combustible material, when the construction does not qualify as Heavy Timber Construction, Ordinary Construction, or Protected Wood Frame Construction.

b. Protected Wood Frame Construction

Definition - Wood Frame Construction may be designated Protected Wood Frame Construction when roof and floor construction and their supports have one-hour fire resistance.

c. Ordinary Construction (Unprotected)

Definition - That type of construction in which exterior bearing walls or bearing portions of exterior walls are of noncombustible construction having a minimum fire resistance of two hours and stability under fire conditions; non-bearing exterior walls are of noncombustible construction; and in which the roofs, floors and interior framing are wholly or partly of wood (or other combustible material) of smaller dimensions than required for Heavy Timber Construction. Fire resistance may be required for non-bearing exterior walls, and fire resistance additional to that specified may be required for bearing walls or bearing portions of walls, by conditions such as occupancy, location with respect to lot lines, fire exposure and other pertinent conditions.

d. Protected Ordinary Construction

Definition - Ordinary Construction may be designated Protected Ordinary Construction when roof and floor construction and their supports have one-hour fire resistance.

e. Noncombustible Construction (Unprotected)

Definition - That type of construction in which the walls partitions and structural members are of noncombustible construction not qualifying as Fire Resistive Construction or Protected Noncombustible Construction.

Table D-1 Construction Types (Continued)

f. Protected Noncombustible Construction

Definition - Noncombustible Construction may be designated Protected Noncombustible Construction when bearing walls or bearing portions of walls, exterior or interior, are of noncombustible construction having a minimum fire resistance rating of two hours and are stable under fire conditions; roof and floor construction and their supports have one-hour fire resistance.

fire resistance.

g. Fire - Resistive Construction

Definition - That type of construction in which the structural members including walls, partitions, columns, floor and roof constructions are of noncombustible materials with fire resistance ratings not less than those specified in the following table.

The two classifications are identified by the required fire resistance of floors as a matter of convenience.

Table D-1 Construction Types (Continued)

Fire Resistance Rating of Structural Members in Hours	Classification 3-hour	2-hour
Bearing walls or bearing portions of walls, exterior or interior Bearing walls and bearing partitions must have adequate stability under fire conditions in addition to the specified fire resistance rating.	4	3
Nonbearing walls or portions of walls, exterior or interior NC-Noncombustible. Fire resistance may be required in such walls by conditions such as fire exposure, location with respect to lot lines, occupancy or other pertinent conditions.	NC	NC
Principal supporting members including columns, trusses, girders and beams for one floor or roof only	3	2
Principal supporting members including columns, trusses, girders and beams for more than one floor or roof	4	3
Secondary floor construction members, such as beams, purlins and slabs, not affecting the stability of the building	3	2
Secondary roof construction members, such as beams, purlins and slabs, not affecting the stability of the building	2	1 1/2

Table D-2 Flame Spread Classification for Wall and Ceiling Finishes

Flame Spread - The surface flame spread rating of ceilings and walls as measured by ASTM E-84. The categories of flame spread are:

Class A Interior Finish. Flame Spread 0-25. Includes any material classified at 25 or less on the test described above. Any element thereof when so tested shall not continue to propagate fire.

Class B Interior Finish. Flame Spread 26-75. Includes any material classified at more than 25 but not more than 75 on the test described above.

Class C Interior Finish. Flame Spread 76-200. Includes any material classified at more than 75 but not more than 200 on the test scale described above.

Existing floor covering materials in existing buildings are not to be considered in classification of interior finish. Floor covering material in new buildings shall be considered as Class A in rating interior finish in Table 4, Items 2 and 3, if they are of either Class A or Class B rating. If not the rating shall be based on the actual class of the floor covering material.

No change or adjustment in the above classifications is to be made even if the space is sprinkler protected. The impact of sprinkler protection is separately accounted for in Item 13 of figure 4.

Table D-3 Fire Resistive Partition Details

Transfer grills, whether protected by fusible link-operated dampers or not, shall not be used in these walls or doors. Fixed wired glass vision panels may be placed in corridor walls, provided they do not exceed 1,296 square inches in size and are installed in approved steel frames. Fixed wire glass vision panels may be installed in wood doors, provided they do not exceed 720 square inches in size and are installed in approved steel frames.

Waiting areas of 250 square feet or less on an institutional sleeping floor may be open to the corridor, provided that they are located to permit direct supervision by the institutional staff. Such areas shall be equipped with an electrically supervised automatic smoke detection system installed in accordance with paragraph 10-1362 of the Life Safety Code. Not more than one such waiting area is permitted in each smoke compartment.

Waiting areas of 600 square feet or less on floors other than institutional sleeping floors may be open to the corridor, provided that they are located to permit direct supervision by the institutional staff and so arranged as not to obstruct any access to required exits. Such areas shall be protected by an electrically supervised automatic smoke detection system installed in accordance with paragraph 10-1362 (10-2.3.3.6) of the Life Safety Code.

Space for doctors' and nurses' charting, communications, and clerical areas may be open to the corridor.

All new interior walls and partitions in buildings of fire-resistive and noncombustible construction shall be composed of noncombustible materials.

Table D-4 Hazardous Areas

Hazardous Areas - Hazardous areas include, but are not restricted to, the following. Those areas accompanied by a dagger (†) in the list shall have both separation and a complete extinguishment system. Others shall be protected by either separation or a complete extinguishment system.

Hazardous Areas

Boiler and heater rooms

Laundries

Kitchens

Repair shops

Handicraft shops

Employee locker rooms

†Soiled linen rooms

†Paint shops

†Rooms or spaces used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction

†Trash collection rooms

Gift shops

NOTE: The fire hazard potential of pharmacies, laboratories, and other Medicaid support activities can vary widely from nonhazardous to extra hazardous. The individual cases must be evaluated on the basis of the guidance in section 6-5 of the Life Safety Code and any applicable standards for the specific operation or hazard involved.

ZONE_____OF _____ZONES

FIRE/SMOKE ZONE* EVALUATION WORK SHEET FOR HEALTH CARE FACILITIES

FACILITY _____ BUILDING _____

ZONE(S) EVALUATED _____

EVALUATOR _____ DATE _____

Complete this work sheet for each zone. Where conditions are the same in several zones, one work sheet can be used for those zones.

Step 1: Determine Occupancy Risk Parameter Factors - Use Table 1.

A. For each Risk Parameter in Table 1, select and circle the appropriate risk factor value. Choose only one for each of the five Risk Parameters.

Table 1. OCCUPANCY RISK PARAMETER FACTORS

RISK PARAMETERS		RISK FACTOR VALUES				
1. PATIENT MOBILITY (M)	MOBILITY STATUS	MOBILE	LIMITED MOBILITY	NOT MOBILE	NOT MOVABLE	
	RISK FACTOR	1.0	1.6	3.2	4.5	
2. PATIENT DENSITY (D)	PATIENT	1-5	6-10	11-30	>30	
	RISK FACTOR	1.0	1.2	1.5	2.0	
3. ZONE LOCATION (L)	FLOOR	1ST	2ND OR 3RD	4TH TO 6TH	7TH AND ABOVE	BASEMENTS
	RISK FACTOR	1.1	1.2	1.4	1.6	1.6
4. RATIO OF PATIENTS TO ATTENDANTS (T)	PATIENTS / ATTENDANT	1-2 / 1	3-5 / 1	6-10 / 1	≥10 / 1	ONE OR† MORE / NONE
	RISK FACTOR	1.0	1.1	1.2	1.5	4.0
5. PATIENT AVERAGE AGE (A)	AGE	UNDER 65 YEARS AND OVER 1 YEAR		65 YEARS & OVER 1 YEAR & YOUNGER		
	RISK FACTOR	1.0		1.2		

†RISK FACTOR OF 4.0 IS CHARGED TO ANY ZONE THAT HOUSES PATIENTS WITHOUT ANY STAFF IN IMMEDIATE ATTENDANCE

Step 2: Compute Occupancy Risk Factor (F) - Use Table 2.

A. Transfer the circled risk factor values from Table 1 to the corresponding blocks in Table 2.

B. Compute F by multiplying the risk factor values as indicated in Table 2.

Table 2. OCCUPANCY RISK FACTOR CALCULATION

	M		D		L		T		A		F
OCCUPANCY RISK	☐	X	☐	X	☐	X	☐	X	☐	=	☐

Step 3: Compute Adjusted Building Status (R) - Use Table 3A or 3B.

A. If building is classified as NEW use Table 3A. If building is classified as existing use Table 3B.

B. Transfer the value of F from Table 2 to Table 3A or Table 3B as appropriate. Calculate "R."

C. Transfer "R" to the block labeled "R" in Table 7 on page 4 of the work sheet.

Table 3A. (NEW BUILDINGS)

	F		R
1.0X	☐	=	☐

Table 3B. (EXISTING BUILDINGS)

	F		R
0.5X	☐	=	☐

*FIRE/SMOKE ZONE is a space separated from all other spaces by floors, horizontal exits, or smoke barriers.

Step 4: Determine Safety Parameter Values - Use Table 4.

A. Select and circle the safety value for each safety parameter in Table 4 that best describes the conditions in the zone. Choose only one value for each of the 13 parameters. If two or more appear to apply choose the one with the lowest point value.

Table 4. SAFETY PARAMETERS VALUES

PARAMETERS	PARAMETERS VALUES						
1. CONSTRUCTION	COMBUSTIBLE				NON-COMBUSTIBLE		
	WOOD FRAME		ORDINARY				
FLOOR OF ZONE	UNPROTECTED	PROTECTED	UNPROTECTED	PROTECTED	UNPROTECTED	PROTECTED	FIRE RESIST.
FIRST	-2	0	-2	0	0	2	2
SECOND	-7	-2	-4	-2	-2	2	4
THIRD	-9	-7	-9	-7	-7	2	4
4TH & ABOVE	-13	-7	-13	-7	-9	-7	4

2. INTERIOR FINISH (Corr. & Exit)	CLASS C	CLASS B	CLASS A		
	-5	0	3		
3. INTERIOR FINISH (Rooms)	CLASS C	CLASS B	CLASS A		
	-3	1	3		
4. CORRIDOR PARTITIONS/WALLS	NONE OR INCOMPLETE	<1/3 HR	≥1/3<1.0 HR	≥1.0 HR	
	-10 (0)*	0	1 (0)*	2 (0)*	
5. DOORS TO CORRIDOR	NO DOOR	<20 MIN. FR	≥20 MIN. FR	≥20 MIN. FR & AUTO CLOS.	
	-10	0	1 (0)†	2 (0)†	

6. ZONE DIMENSIONS	DEAD END MORE THAN 100'	DEAD END 30'-100'	NO DEAD ENDS>30' & ZONE LENGTH IS:		
			>150'	100'-150'	<100'
	-6 (0)**	-4 (0)**	-2	0	1
7. VERTICAL OPENINGS	OPEN 4 OR MORE FLOORS	OPEN 2 or 3 FLOORS	ENCLOSED WITH INDICATED FIRE RESIST.		
			<1 HR.	≥1 HR.<2 HR.	≥2 HR.
	-14	-10	0	2 (0)††	3 (0)††

8. HAZARDOUS AREAS	DOUBLE DEFICIENCY		SINGLE DEFICIENCY		NO DEFICIENCIES
	IN ZONE	OUTSIDE ZONE	IN ZONE	IN ADJACENT ZONE	
	-11	-5	-6	-2	0
9. SMOKE CONTROL	NO CONTROL	SMOKE PARTITION	MECH. ASSISTED SYSTEMS		
			BY ZONE	BY CORRIDOR	
	-5 · (0)***	0	3	4	
10. EMERGENCY MOVEMENT ROUTES	<2 ROUTES	MULTIPLE ROUTES			
		DEFICIENT CAPACITY	W/O HORIZONTAL EXIT(S)	HORIZONTAL EXIT(S)	DIRECT EXIT(S)
	-8	-2	0	3	5
11. MANUAL FIRE ALARM	NO MANUAL FIRE ALARM		MANUAL FIRE ALARM		
			W/O F.O. CONN.	W/F.O. CONN.	
	-4		1	2	
12. SMOKE DETECTION & ALARM	NONE	CORRIDOR ONLY	ROOMS ONLY	CORRIDOR & HABIT. SPACE	TOTAL ZONE
	0	2	3	4	5
13. AUTOMATIC SPRINKLERS	NONE	CORRIDOR	CORRIDOR & HABIT. SPACE	TOTAL BLDG.	
	0	2 (0)†††	8	10	

NOTE:
* Use (0) when item 5 is — 10.
** Use (0) when item 10 is — 8.
*** Use (0) on floor with less than 31 patients. (Existing buildings ONLY)
† Use (0) when item 4 is — 10.
†† Use (0) when item 1 is based on first floor zone or on an unprotected type of construction.
††† Use (0) when item 1 is based on an unprotected type of construction.

Step 5: Compute Individual Safety Evaluations - Use Table 5.

A. Transfer each of the 13 circled Safety Parameter Values from Table 4 to every unshaded block in the line with the corresponding Safety Parameter in Table 5. For Safety Parameter 13 (Sprinklers) the value entered in the (People Movement Safety) is recorded in Table 5 as 1/2 the corresponding value circled in Table 4.

B. Add the four columns, keeping in mind that any negative numbers deduct.

C. Transfer the resulting total values for S_1, S_2, S_3, S_G to the blocks labeled S_1, S_2, S_3, S_G in Table 7 on page 4 of this sheet.

Table 5. INDIVIDUAL SAFETY EVALUATIONS

SAFETY PARAMETERS	CONTAINMENT SAFETY (S_1)	EXTINGUISHMENT SAFETY (S_2)	PEOPLE MOVEMENT SAFETY (S_3)	GENERAL SAFETY (S_G)
1. CONSTRUCTION				
2. INTERIOR FINISH (Corr. & Exit)				
3. INTERIOR FINISH (Rooms)				
4. CORRIDOR PARTITIONS/WALLS				
5. DOORS TO CORRIDOR				
6. ZONE DIMENSIONS				
7. VERTICAL OPENINGS				
8. HAZARDOUS AREAS				
9. SMOKE CONTROL				
10. EMERGENCY MOVEMENT ROUTES				
11. MANUAL FIRE ALARM				
12. SMOKE DETECTION & ALARM				
13. AUTOMATIC SPRINKLERS			÷ 2 =	
TOTAL VALUE	S_1 =	S_2 =	S_3 =	S_G =

Step 6: Determine Mandatory Safety Requirement Values - Use Table 6.

A. Using the classification of the building (i.e., New or Existing) and the floor where the zone is located, circle the appropirate value in each of the three columns in Table 6.

B. Transfer the three circled values from Table 6 to the blocks marked S_a, S_b, and S_c in Table 7.

Table 6. MANDATORY SAFETY REQUIREMENTS

	CONTAINMENT S_a		EXTINGUISHMENT S_b		PEOPLE MOVEMENT S_c	
ZONE LOCATION	New	Exist.	New	Exist.	New	Exist.
FIRST FLOOR	9.0	4.0	6.0	3.0	6.0	1.0
ABOVE FIRST FLOOR	14.0	8.0	8.0	5.0	9.0	3.0

Step 7: Evaluation Fire Safety Equivalency - Use Table 7.

A. Perform the indicated subtractions in Table 7. Enter the differences in the appropriate answer blocks.

B. For each row check "Yes" if the value in the answer block is zero or greater. Check "No" if the value in the answer block is a negative number.

Table 7. ZONE SAFETY EQUIVALENCY EVALUATION				S_1	S_a	C	YES	NO
CONTAINMENT SAFETY (S_1)	less	MANDATORY CONTAINMENT (S_a)	≥ 0	☐	☐	☐		
				S_2	S_b	E		
EXTINGUISHMENT SAFETY (S_2)	less	MANDATORY EXTINGUISHMENT (S_b)	≥ 0	☐	☐	☐		
				S_3	S_c	P		
PEOPLE MOVEMENT SAFETY (S_3)	less	MANDATORY PEOPLE MOVEMENT (S_c)	≥ 0	☐	☐	☐		
				S_G	R	G		
GENERAL SAFETY (S_G)	less	OCCUPANCY RISK (R)	≥ 0	☐	☐	☐		

CONCLUSIONS:

1. ☐ All of the checks in Table 7 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code*

2. ☐ One or more of the checks in Table 7 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

*The equivalency covered by this worksheet includes the majority of considerations covered by the Life Safety Code. There are a few considerations that are not evaluated by this method. These must be separately considered. These additional considerations are covered in the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.

FACILITY _____ BUILDING _____

EVALUATOR _____ DATE _____

FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET

	CONSIDERATIONS	MET	NOT MET	NOT APP.
A.	Building utilities conform to the requirements of paragraph 7-1111 of the Life Safety Code.			
B.	In new facilities only alarms, emergency communication systems and illumination of generator set locations are powered from the Life Safety Branch as described in the National Electrical Code NFPA 70.			
C.	The air conditioning, heating, and ventilating systems conform with paragraph of the Life Safety Code.			
D.	Fuel burning space heaters and protable electrical space heaters are not used.			
E.	There are no flue fed incinerators.			
F.	An evacuation plan is provided and fire drills conducted in accordance with Life Safety Code paragraphs 17-1111 through 17-1118 and 17-4111 through 17-4126 .			
G.	Smoking regulations have been adopted and implemented in accordance with Life Safety Code paragraph 17-4.4.1.			
H.	Combustible draperies, furnishings and decorations are prohibited in accordance with Life Safety Code paragraph 17-415 .			
I.	Fire extinguishers are provided in accordance with the requirements of 10-1369 and 10-2.3.5.5 .			
J.	Exit signs are provided in accordance with the requirements of 10-1283 and 10-2272.			
K.	Patient sleeping rooms are provided with an outside window or outside door in accordance with requirements of 10-1325 and 10-2326 .			

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